

APPLICATION FORM



Childs full name _____

Childs date of birth _____ Gender: Male / Female

When, after your child's second birthday, would you like them to start? _____
 Sessions Desired (*Minimum 2 sessions per week*)

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|-----------|--------|---------|-----------|----------|--------|
| 0915-1215 | | | | | |
| 1215-1515 | | | | | |

Childs preferred name _____

Childs normal residence _____

| | Parent/Guardian 1 | Parent/Guardian 2 |
|----------------------------|-------------------|-------------------|
| Full name | | |
| Relationship to child | | |
| Address | | |
| | | |
| | | |
| Email | | |
| Home tel.no. | | |
| Mobile tel.no. | | |
| Occupation & Work address. | | |
| Work tel.no. | | |

Who has Parental Responsibility? Parent 1/ Parent 2/ Both
 Is there anyone who does not have legal access to your child? Yes/No
 (*If yes please speak to the Pre School Leader to discuss this further and relevant paperwork will be required for our records*)

Childs first language _____

Other languages spoken _____

Religion _____

Name and address of child's doctor _____

Doctors telephone no. _____

Has your child been immunised against: Diphtheria Y/N, Hib Y/N, Measles Y/N, Whooping cough Y/N, Tetanus Y/N, Polio Y/N ?

Have you registered your child with a Dentist? Y/N

If so, name and address of Childs dentist _____

Has your child undergone any surgery? Y/N

If so, please give details _____

Does your child ever suffer from Asthma or have any allergies? Y/N

If so, please give details _____

(An Asthma Action Plan will need to be completed for those children who suffer with asthma)

Does your child take any medication regularly? Y/N

If so, which and why? _____

In fine weather do you wish a member of staff to apply sun cream to your child's exposed skin? Y/N

If so please supply a named bottle of sun cream.

Our setting has a Special Educational Needs and Disability policy.

Does your child have any known additional needs you would like to discuss with a member of staff? Y/N

Has your child attended any parent and toddler groups? Y/N Pre-schools? Y/N

Will your child continue to attend another setting? Y/N

If so please provide contact details below and include what days/sessions they attend there:

Are you happy for us to contact the setting to discuss your Childs progress?

Do you have any special requests/requirements about religious observance, food, clothing, health or other matters which we should observe in our Pre-school? Y/N

Please specify _____

What is currently your child's toileting routine?

Please can you name some of your child's likes and dislikes?

Please state below a password to be used if someone other than the parent or guardian is picking up your child.

Password _____

I agree / I disagree to my child taking part in educational activities out of Pre-school but within the village of Meppershall.

(Specific permission will be obtained for large-scale outings: pre-school staff will ensure that there is an appropriate adult/child ratio for all outings.)

I agree / I disagree that Meppershall Pre School staff may liaise with the 0-19 team for the purposes of the integrated review.

I agree / disagree that photographs may be taken to be used on the Pre School website.

I agree / disagree that photographs may be taken to be used on the Pre School Facebook page.

I agree / I disagree that from time to time Meppershall Pre School may take photographs within the setting to be used for training or promotional material.

I agree / I disagree to my child being made a subject of student observations for training purposes during their educational placements.

All information you give us is kept confidential.

Thank you for filling this form in to the best of your knowledge about your child.

If any of this information should change please let us know immediately so that our records are kept up-to-date.

By signing this form you agree to Meppershall Pre Schools Terms and Conditions and have kept a copy for your records.

Signed _____ (Parent / Guardian 1)

Name _____

Date _____

Signed _____ (Parent / Guardian 2)

Name _____

Date _____

ETHNIC MONITORING



We are registered with the County Council to receive funding for eligible three and four year olds. This registration requires us to collect information on the ethnic background of all children attending the Pre-School. Ethnic monitoring can help schools, local education authorities and Government identify the needs of all pupils, whatever their background, and make sure they receive the support they need to achieve their full potential. Without effective ethnic monitoring on a local and national scale, the particular needs of some groups could remain unidentified. Local Education Authorities will use the information to find out whether particular ethnic groups are not achieving as well as they might and whether additional support is needed.

The Department for Education and Skills (DfES) needs this information to help them plan and allocate resources to raise the standards of all pupils. It also helps the DfE to see how far schools and local education authorities are successfully meeting the needs of particular groups of pupils. There is evidence from research that some ethnic groups do not do as well as others and that patterns of achievement vary between boys and girls. Accurate national information will help to keep track of changing patterns in education, helping the Department to identify trends and plan more effectively.

The information collected here is supplied to the Local Education Authority (LEA) separately to this registration document. The Pre-School, LEA and the DfES are all bound by the Data Protection Act. This means that they cannot reveal information held on your child to a third party. Safeguards are in place to make sure that it will not be possible to identify individual pupils in any published statistical data.

| | | Please Tick | Office Use |
|--|-----------------------------|--------------------|-------------------|
| White | British | | WBRI |
| | Irish | | WIRI |
| | Traveller of Irish Heritage | | WIRT |
| | Gypsy/Roma | | WROM |
| | Italian | | WITA |
| | White Other | | WOTW |
| Mixed | White and Black Caribbean | | MWBC |
| | White and Black African | | MWBA |
| | White and Asian | | MWAS |
| | Any other mixed background | | MOTH |
| Asian or Asian British | Indian | | AIND |
| | Pakistani | | APKN |
| | Bangladeshi | | ABAN |
| | Any other Asian background | | AOTH |
| Black or Black British | Caribbean | | BCRB |
| | African | | BAFR |
| | Any other Black background | | BOTH |
| Chinese | Chinese | | CHNE |
| Any other ethnic background | Other | | OOTH |
| I do not wish to record an ethnic background category | Refused | | REFU |

EMERGENCY CONTACT INFORMATION



Name of Child _____

Emergency Treatment

In order for the staff to ensure that your child receives the best and most appropriate care, attention and treatment should there be an emergency in the setting or while out on an authorised outing, you need to **complete, sign and date the declaration below.**

When necessary, I do / do not consent to minor First Aid being administered to my child at pre-school by a qualified First Aider.

I do / do not give permission to Pre-school staff to apply hypoallergenic plasters.

Please supply names, telephone numbers and specify their relationship to the child, of three people to contact in an emergency.

| Name | Telephone no. | Relationship to child |
|------|---------------|-----------------------|
| 1. | 1) 2) | |
| 2. | 1) 2) | |
| 3. | 1) 2) | |

I agree to the registered person in the setting (or deputy in charge) taking the necessary steps to ensure that my child (named above) receives the best and most appropriate care, attention and treatment should there be an emergency in the setting, or while out on an authorised outing.

I understand that the registered person in the setting (or deputy in charge) will make every effort to inform me of an emergency or accident as soon as possible after the event but that they may have to accompany my child to hospital in the case of a serious accident in my absence. I give permission for registered person in the setting (or deputy in charge) to authorise hospital staff to administer essential treatment until my arrival.

Signed _____(Parent/Guardian)

Date _____

If you do not agree with any or all of the above declarations, please do not sign it but make your views known in the space overleaf. The registered person in the setting (or deputy in charge) will then discuss this with you and do their best to accommodate your particular wishes.

I do not agree with the declaration and would prefer the following procedure to be followed for my child in the event of an emergency.

Signed by Parent/guardian

| | |
|--|------|
| | Date |
| | Date |

Signed by Staff member