



Chaldon Preschool & FOREST SCHOOL



CHILD'S DETAILS:

Surname		Forenames	
Known As		Date of Birth	
		Sex	Male/Female

PARENT / CARER DETAILS:

Full Name		Full Name	
Address		Address	
Postcode		Postcode	
Tel No.		Tel No.	
Mobile No.		Mobile No.	
E-mail		E-mail	

Who has parental responsibility?	
Who has legal contact with the child?	
Which Parent/Carer does the child normally live with?	

WORK-PLACE DETAILS:

Full Name		Full Name	
Address		Address	
Postcode		Postcode	
Tel No.		Tel No.	

EMERGENCY CONTACTS (if parents cannot be contacted in an emergency & Permission to collect from Preschool):

Full Name		Full Name	
Relationship		Relationship	
Tel No.		Tel No.	
Mobile No.		Mobile No.	
Full Name		Full Name	
Relationship		Relationship	
Tel No.		Tel No.	
Mobile No.			

HEALTH / WELFARE INFORMATION:

Religion		Ethnic Origin	
1 st Language			
Which festivals are celebrated?			

Doctor's Name		Health Visitor	
Tel No.		Tel No.	

Other professional working with the family, eg: Speech Therapist, Social Worker
Contact Details

Has your child attended a 12 month check?	Yes/No
Have you completed an ASQ3 questionnaire?	Yes/No
Has your child attended a 27 month review (ASQ3 check)	Yes/No
Please bring your child's Red Health Book to Pre-school on your 1 st settling in session	

MEDICAL INFORMATION:

Does your child have any medical conditions including allergies we should know about? If yes please provide details below:	Yes / No
Does your child have any special dietary requirements? If yes please provide details below:	Yes / No

N.B. Medicines cannot be administered to a child without the written permission of the parent.

CONSENTS: * Please delete as appropriate.

Do you consent to emergency treatment being given in the event of an accident?	Yes / No
Do you consent to Pre-school applying plasters where appropriate?	Yes / No
Do you consent to your child being added to our online learning journey system (only accessible via secure login)?	Yes / No
Do you consent to photographs videos and observations being taken of your child by their keyperson during normal pre-school sessions to record progress in their learning?	Yes / No
Do you consent to your child accompanying the group on short, local, nature walks?	Yes / No
Do you consent to Pre-school staff applying sun screen provided by parents when appropriate?	Yes / No
Do you consent to photographs being posted of your child on the school website or Facebook page (closed group)?	Yes / No

Chaldon Pre-school Admission Form

Do you consent for your child to be involved in animal care?	Yes/No
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Please provide any additional information including other settings/childminder your child has previously or currently attends.

Please can we contact the above to share information about your child's progress	Yes / No
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STARTING DATE & DAYS

Term:	Year:	What days?	What sessions (8.45am start or 9.30am start / 12:30 finish or 2:45pm finish)
September	20__		
October (after half term)	20__		
January	20__		
February (after half term)	20__		
April (after Easter holiday)	20__		

Waiting List:

Please place me on the waiting list I can start asap I can start from

FUNDING:

FEET funded (responsibility of parents to apply for this separately)

15 Universal hours (effective the term after child turns 3 years old)

30 Hours (responsibility of parents to apply for this separately and provide code)

COMMITTEE:

If you are interested in becoming a member of the committee, please indicate by ticking here:

By signing this form, I agree to all terms and conditions within Chaldon pre-school policies. This includes sharing children's progress with local authorities and other early years professionals. (Policy pack available daily on the front desk at Pre-school or online at www.chaldonpreschool.co.uk).

<p>I agree to give half a term's notice or payment in lieu when my child leaves the Pre-school:</p> <p>Signature of Parent/GuardianDate.....</p>
