

St Peter's Pre-School, Bradfield

Confidential

## Admissions Form

At St Peter's we are very proud of our long established and very popular Pre-School. Our waiting list is kept on a first come/first served basis, so we would encourage parents to register their child at the earliest opportunity. If you would like to register your child on our waiting list, please complete this Admission Form and forward it to the supervisor together with a non-refundable deposit of **£25.00** to cover administration costs.

If your child is offered a place after the admission form is submitted and you choose not to accept it, the deposit remains payable and will not be refunded.

If we are unable to offer your child a place at our Pre-School by the beginning of the summer term of their school entry year, then the deposit will be refunded to you.

Legal guardians please fill out in full in block capitals

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ (known as): \_\_\_\_\_

Who Does the Child Live With?		
Biological mother & father	Biological mother	Biological father
Relative. Please provide details .....	Other. Please provide details ..... .....	

If separated from biological parent, is contact permitted?	YES	NO
Is there a Court Order pending or in place?	YES	NO
Is there any other relevant information the setting should be made aware of? ..... .....	YES	NO

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Names and telephone numbers of parents/guardians with whom the child usually lives

<b>Mother</b>	<b>Father</b>				
Name: _____ _____	Name: _____ _____				
Tel: _____ _____	Tel: _____ _____				
Email: _____ _____	Email: _____ _____				
Biological Mother	YES	NO	Biological Father	YES	NO
Parental Responsibility	YES	NO	Parental Responsibility	YES	NO

Name of person collecting child (if different from above): \_\_\_\_\_

Tel: \_\_\_\_\_

Name of emergency contact (1) \_\_\_\_\_

Tel: \_\_\_\_\_

Name of emergency contact (2) \_\_\_\_\_

Tel: \_\_\_\_\_

Name and address of doctor: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Please give brief details of any allergies, medical conditions and special dietary requirements that staff should be made aware of: \* Please ask for a form if your child requires medication during session times.

\_\_\_\_\_

\_\_\_\_\_

Please give any details about your child, e.g., languages spoken, special educational requirements and cultural/religious background.

Which term would you like your child to start? Please circle

Autumn/September

Spring/January

Summer/April

Other:

Sessions you would prefer:

\*Please note that we cannot guarantee you will be offered a place on your preferred days.

Please sign and send a copy of your child's birth certificate

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print your Name: \_\_\_\_\_

### **Notice of Withdrawal**

If you wish to withdraw your child from the Pre-School, then we ask that notice is given in writing to our supervisor by the last day of the half term, preceding the half term in which the child will leave. If sufficient notice is not given, then a full half term's fee must be paid in lieu of notice.

We are a Data Controller; when registered, we collect and store information from you, and may receive information about you. We hold this personal data and use it to support teaching and learning, to monitor and report progress and assess our practice. Personal data will be destroyed after the appropriate retention period.

For office to complete:

Is the child using self-funded hours?	YES	NO
Is the child using government funded hours? (15/30hr)	YES	NO
Has a £25.00 registration fee been deposited?	YES	NO

Has a copy of the child's birth certificate been supplied?	YES	NO
Has the family been refereed via current parent?	YES	NO

Signature: \_\_\_\_\_