ADMISSION FORM



Name of child Forename: Surname: Name known as Address: Postcode: Child's Date of birth: Gender (male or female) Ethnicity: First/Home Language: Religion: **Country of Birth:** Passport Number (if applicable): **Copy of Birth Certificate** included with this form: Siblings at Pre-School or St. Barnabas CE School: Name of parent(s) with whom the child lives Title: Forename: Surname: **Contact Number: Email address:** Does this parent have parental responsibility? Yes No Name of adults who may bring and collect your child Name: Relationship to child: Contact number:

Name of parent that the child does not live with (if applicable)			
Does this parent have parental responsibility?	Yes	No	
Address	Telephone		
	Mobile		
Does this parent have legal access to the child?	Yes	No	
Are they authorised to collect the child?	Yes	No	

Emergency Contact Details			
1	Work/daytime contact number		
2	Work/daytime contact number		
If your child is attending or has attended another setting please complete the following questions.			
Name of Setting:	Date started:		
	Date finished:		

Phone number:

Funding/Payment

Name of Key person:

Address:

We accept Government funding for 2, 3 and 4 year olds. 2 year old funding needs to be applied for through Worcestershire County Council and evidence shown to us before your child can start. 15 hours per week, 38 weeks per year, is the maximum funding that can be granted. *We offer a small number of 30 hour funded places. Please enquire for availability. Our funded sessions run from 8:30-11:30 or 12:30-3:30. Any additional hours booked outside of these sessions will incur charges as listed in the Welcome Pack. Please indicate how many hours you would like your child to attend Green Lane Pre-School and whether they are funded or paid below;

Monday Tuesday Wednesday Thursday Friday

Our fees are:

- a) payable a month in advance.
- b) payable even if your child is absent for any reason, whether this is through illness or a holiday taken in term time, unless 4 weeks' notice of absence is provided in writing.
- c) payable if you book a session and for any reason find your child is unable to attend.

We understand that exceptional circumstances may occur where you need to change your child's session or collect a little late. Where this occurs, please contact us as soon as possible so we can let you know if a swap is possible and we have staff to cover. Where a swap or late pick up is made we reserve the right to charge a fee of £2.50. Any late collections extending more than 15 minutes will be charged at £5 per time.

Please settle your invoice by the date stated on your invoice or a 10% late payment fee will apply to the balance outstanding. Failure to settle any invoice in full may result in the forfeiture of your child's place.

If your place is forfeited or should you decide to withdraw your child from pre-school, please note that:

- a) four weeks' fees are payable if the place is forfeited; and
- b) four weeks' notice must be given of withdrawal or four weeks' fees will be charged.

HEALTH DETAILS

Doctors Name and Surgery					
Doctors Address and postcode				Telephone num	ber
Health Visitors Name and Surgery					
Special Dietary Requirem	ents				
Immunisation - Please tid	k the box if	your child has receive	ed the	following:	
		2 mths		3 mths	4 mths
Diptheria, Pertussis Tetanus (DPT Polio Haemophilus influenza b (Hib)	7)				
Pneumococcal conjugate (PCV)					
Rotavirus					
Meningococcal C conjugate (Men	C)				
Hib/MenC Conjugate		12-13 mths			
Pneumococcal conjugate (PCV)					
Measles, Mumps and Rubella (MM	ЛR)				
Influenza		2 years and above			
Diptheria, Pertussis Tetanus (DPT Polio Measles, Mumps and Rubella (MM		3 years			
Wicasies, Warrips and Nabella (Will	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Has your child suffered fr	om anv ser	ious illness/medical hi	storv	? If so, please st	ate:
That your offine carrolled in			J. J.	се, р.сасс се	
Allergies					
Current Medication					
Does your child need to o	arry an EPI	PEN		YE	S/NO
Can your child wear a pla	ster?			YE	S/NO

Does anyone work with you and your child? Yes/No				
Details e.g. speech and Language, family support				
Are any of the following in place for your child				
SEN Support e.g. graduated response	Yes	No		
Education Health Care Plan	Yes	No		
What support will he/she require in our setting?		·		
Oh cometicus and December 1				
Observations and Record Keeping	النبي امانام سيميين	l ha abla ta davalar ta thair full		
At Green Lane Pre-School we are committed to ensuring potential. In order for this to be achieved we observe a				
written observations and by use of photographs. All info				
confidential.				
Student Observations				
We also sometimes have students on placement with us, they are expected to look at children and observe their development. They do not use the child's real names and all information is confidential.				
Media				
To celebrate our events we may invite the Press to take can you give permission for your child's photograph to a				
Consent: YES / NO				
I give permission for my child's image to be included on	the school web	osite.		
Consent: YES / NO				
Local visits				
I give permission for my child to be taken on supervised trips (of which I will be notified in advance) and tours				
of the local area. Consent: YES/NO				
Medical				
I agree to my child being taken to the local hospital to be seen by the nearest doctor available should an				
emergency arise.				
Consent: YES / NO				
I understand that my child will not be admitted to Green Lane Pre-School if they are unwell.				
Signed:	Da	ate:		

Signed:		Date:
	Parent/carer	