



## Alderbury Pre-School Application Form

A £20 registration fee is payable when submitting this form unless you are in receipt of certain benefits. Please speak to a member of staff for clarification.

### Section 1: Child's Details

Child's Full Name: _____	ID Check Signed & dated
Name by which child should be addressed: _____	
Date of Birth: _____ Sex: Boy / Girl	
Home Address: _____	
_____ Email: _____	
Home Telephone: _____ Mobile: _____	
Child's first language: _____ Family's religion: _____	
Other language(s) spoken at home: _____	

### Section 2: Contact Details

<b>Main carer contact:-</b>	
Name: _____	Relationship to child: _____
Address: _____	
Home Telephone: _____	Mobile: _____
<b>Second carer contact:-</b>	
Name: _____	Relationship to child: _____
Address: _____	
Home Telephone: _____	Mobile: _____
Person/s with parental responsibility:	
If your child is to be collected by any person other than yourself a password will be used. Please insert your chosen password and use the same word on each occasion.	
Password: _____	

**Section 3: Medical Details**

NHS Number: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Telephone: \_\_\_\_\_

Has your child been immunised against:

Diphtheria	YES / NO
Whooping Cough	YES / NO
Tetanus	YES / NO
Polio	YES / NO
Measles	YES / NO
HIBS	YES / NO

Is your child allergic to anything? YES / NO

If 'YES', please give details including any treatment required:

Has your child had any major illness / operation? YES / NO

If 'YES', please give details:

Does your child have medical condition or disability? YES/NO

Has this lasted or is it expected to last 12 months? YES/NO Are they independently mobile? YES/NO

Does this have an adverse effect on your child's day to day activities? YES/NO

Do they take medication regularly? YES/NO Do they need an inhaler? YES/NO

Do they have any specific feeding needs? YES/NO Is their speech clear? YES/NO

Can they use a standard toilet? YES/NO Do they need any specialist furniture or equipment? YES/NO

What medical intervention is required and at what frequency?

Feeding	
Toileting	
Regular Medication	
Medical	

--

Professionals involved	Name	Reports Available
Paediatrician		
Health Visitor		
Specialist Nurse		
Social Care		

**Parental/Carers Agreement**

I agree for this information to be shared with necessary professionals.

Parent/carers signature:

Date:

**Section 4: Useful Information**

Has your child previously attended a nursery or pre-school? YES/NO

If 'YES', please give details:

\_\_\_\_\_

When is your child expected to start school? \_\_\_\_\_

Which school (if known): \_\_\_\_\_

**Section 5: Sessions Required**

Please indicate the sessions required for your child and proposed start date:

Start Date: \_\_\_\_\_

	<b>Breakfast Club 8am-9am</b>	<b>Morning Session 9am-11.30am</b>	<b>Lunch Period 11.30am - 12.30pm</b>	<b>Afternoon Session 12.30pm-3pm</b>	<b>Young Owls Afternoon Session 12pm-3pm</b>	<b>After School Club 3pm-4pm</b>	<b>After School Club 3pm-5pm</b>
<b>Monday</b>							
<b>Tuesday</b>							
<b>Wednesday</b>							
<b>Thursday</b>							
<b>Friday</b>							

## Section 6: Consent Form

Name of child: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_

**I consent to the following (please sign against those which you consent to):**

1: In the event of an emergency allow appropriate medical treatment to be given to my child, as named above.

**Signed:**

2: For short trips, i.e. within Salisbury, my child as named above, to travel in another parent / grandparent / guardian's car. All drivers will be required to hold a fully comprehensive insurance certificate and full UK driving licence.

**Signed:**

3: During summer months, when necessary, for staff to apply sun cream to my child, as named above. Also if my child is still in nappies, for cream to be applied if necessary.

**Signed:**

4: For staff to take photographs, which will include my child, as named above. These photographs may be used in advertising, displays or keeping in children's personal files.

**Signed:**

5: Observations of my child's day to day activities to be recorded in their individual file on the Tapestry online system including written and photographic evidence. This will include, if appropriate, the 'Two Year old Check' within the Caterpillars room. Information from this form and observations can in the future be passed on to a new setting, school or local children's centre (Barnados).

**Signed:**

**Dated:** \_\_\_\_\_

*Please note:*

**Application forms must be submitted in conjunction with a signed copy of the Alderbury Pre-School Terms & Conditions.**