

Pre-school Tel: 01491 682300

24 hour answer-phone

Email address <u>woodcote.pre-school@hotmail.co.uk</u>

Website www.woodcotepreschool.co.uk

You can find and download all our policies, procedures and full prospectus

Woodcote Pre-school

A copy of the full prospectus is available on request

Please remember that it is your responsibility to notify the Pre-school in writing if there are any changes to the details contained below.

Throughout this form, the term 'parent' may refer to a <u>legal</u> guardian.

I would, in the first instance, like my child to attend Pre-school on (please tick boxes)

	Early Drop Off 8.30am - 9.00am	Morning 9.00am - 12.00 noon	Lunch 12.00-1.00	Afternoon 1.00 pm - 3.30pm	Flexi 15 9.00amto 3.00pm (Funded children only)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Family Details

Please give details of your child in the spaces pro	ovided, in BLOCK CAPITALS.
Surname	Forename
Other Names	Chosen Name
Date of Birth/	□ Boy / □ <i>G</i> irl
Ethnicity	

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Full address	
Home Telephone Number	
Mobile Telephone Number	
Telephone Number during Pre-school hou	_
E-mail address	
Full names of both Parents	
	(Mother)
	(Father)
Address of Parents (if different from above)	
	Post Code
Home Telephone Number (if different fr	om above)
The child's parents are:	
□ married and living together	□ unmarried and living together
□ married but separated□ divorced	□ unmarried and living apart□ widowed
□ divorced	□ widowed
If the parents are unmarried, does the father he parental responsibility agreement or by a court o	, , ,
If "No", then we regret that, for legal reasons, we to accept instructions from the child's father or	· · · · · · · · · · · · · · · · · · ·
I (name of mother) authorise child's father (name of father	•
Signed	(mother)
Is the child the subject of a Care Order?	□ Yes / □ No
Names & ages of other children in your family	
Name (Age)	

Emergency Contacts - other than those already given

Please give the names & addresses of two people who may be contacted in the event of an emergency.

Contact One:	
Name	
Relationship to child	
Contact Telephone Number	
Full address	
Post Code	
Contact Two:	
Name	
Relationship to child	
Contact Telephone Number	
Full address	
Special Needs	
Our group has a special needs policy. Does your child have any special needs that you would li	ke
to discuss with the staff?	
If "Yes", please give details	
	•••••
Other Pre-schools	
Has your child previously attended another pre-school? □ Yes / □	3 No
Will your child attend another pre-school in addition to the Woodcote Pre-school? □ Yes / □] No
If "Yes", please give details of any granted sessions that will be or have been claimed elsewh	

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Medical Details

Family Doctor's Name			
Health Visitor's Name			
Surgery Address			
Doctor's Telephone No			
·	•••••	•••••	□ Yes / □ No
Is your child allergic to anything?			
Please give details	•••••		
Has your child had any major illness/operation?			□ Yes / □ No
Please give details	•••••		
Has your child been in hospital recently?			□ Yes / □ No
Please give details	•••••		
Has your child any ongoing health problems?			□ Yes / □ No
Please give details			
Does your child take any regular medication?			□ Yes / □ No
Please give details			
Has your child been immunised against:			
□ diphtheria		measles	
□ polio		mumps rubella	
□ tetanus□ whooping cough		rubella other	
☐ HIB	_		
\square meningitis C			
Dietary Requirements/Special Requests			
Do you have any special requests about food, clothi matters that we should observe at our Pre-school?	_	health, religious	observance or other □ Yes / □ No
Please give details	•••••		
Language			
Please advise us if your child's first lang English.	guag	je (spoken mo	ostly at home) is not
Please give details			

Background Information

Please give, in confidence, any background information about your child that may help us to understand him or her—e.g. any special words (e.g.) for the toilet, any brothers or sisters, pets, any special fears, any recent family events that have affected the child.

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Please give details			
Declaration I/we agree to inform the linformation on this form			
Signed	(Mother)	Signed	(Father)
Signed		_	
I/we agree to my/our child deemed necessary whilst in	5 5	, ,	reatment
Signed	(Mother)	Signed	(Father)
I/we agree to my/our child beir Group			
Signed	(Mother)	Signed	(Father)
I /we agree/DO NOT agree (de for the purposes of appearing in		ate) that photographs of my	child may be taken
Signed	(Mother)	Signed	(Father)
I/we/agree DO NOT agree (del needed.	ete as appropria	te) that sun cream may be ap	oplied as and when
Signed	(Mother)	Signed	(Father)
I/we consent to my/our child be	eing collected fro	om Pre-school by	
Name			
Signed		_	
Name			
Signed	(Mother)	Signed	(Father)
Name			
Signed	(Mother)	Signed	(Father)
I/we have read the policies con	tained in the Pre	-school's prospectus* and I/	we agree with them
Signed	(Mother)	Signed	(Father)
Date//			
*Available on request fron	n the Pre-school	or by visiting <u>www.woodcote</u>	oreschool.co.uk
How did you hear about Woodco			
Why have you decided on Wood			