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 asap.

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

Mother			**Father**		
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.

_____

Child's Ethnicity: _____

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

Autumn/September Spring/January Summer/April

Other:

Sessions you would prefer:

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

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

Signature of parent/guardian: _____ Date: _____

Please Print your Name: _____

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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.

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For office to complete:

Is the child using self-funded hours? YES NO

Is the child using Working Parent Entitlement funded hours? YES NO

If YES please supply

Parent D.O.B	Parent N.I
CODE	

Has the family been refereed via current parent? YES NO

Has a copy of the child's birth certificate been supplied? YES NO

Signature: _____