



St. Marks Church Pre-school and All Day Care

This information will be kept confidential

PLEASE USE BLOCK CAPITALS

- Child's name:
- Name to be used at Pre-school:.....
- Date of Birth:
- Mother's Name:
- Occupation:
- Father's Name:
- Occupation:
- Who has parental responsibility for your child?
- Are there any other persons with legal responsibility of your child? YES/NO

If YES, please give details:

- Name and ages of any brothers and/ or sisters:

.....

- Address:

.....

.....

..... Post Code:

- Telephone number:
- Mobile/ Work number:
- Religion:
- Is your child a 'looked after' child? YES/NO (children who are in Foster Care)
- Are there any outside agencies involved with your child? YES/NO

Please give details:

.....

- Language – if English is not your child's first language or if another language is spoken in your child's home environment, then please give further details:

.....

.....



Child's Ethnic Group (please tick one of the boxes)

WHITE	- British		Asian or Asian British	- Indian	
	- Irish			- Pakistani	
	- Traveller of Irish Heritage			- Bangladeshi	
	- Gypsy/ Roma				
	- Italian		Black or Black British		
	- Any other white background				
Mixed	- White & Black Caribbean				
	- White & Black African		Chinese		
	- White & Asian		Any other ethnic background		
	- Any other mixed background		Prefer not to say		

- Please state when your child will be leaving Pre-school to start nursery/school etc if known:

Christmas Easter September

Days you would prefer (please tick):

- 2 sessions are offered to start with. **WE CANNOT GUARANTEE DAYS**

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
Breakfast Club		Breakfast Club		Breakfast Club		Breakfast Club		Breakfast Club	
Morning Session		Morning Session		Morning Session		Morning Session		Morning Session	
Lunch Club		Lunch Club		Lunch Club		Lunch Club		Lunch Club	
Afternoon Session		Afternoon Session		Afternoon Session		Afternoon Session		Afternoon Session	
Tea-time		Tea-time		Tea-time		Tea-time		Tea-time	



PRE-SCHOOL CONTRACT

Our Pre-school offers supporting services outlined in our prospectus. However, parents are the first and most important educators of their young children and the work of the groups cannot be fully effective unless the Pre-school and parents work together in their child's interests. Parents are asked to read and sign the statements below as an expression of their share commitment:

Please tick the following boxes and sign:

	Yes	No
I have read and understood the Pre-school's policies and prospectus and accept that the group will run in accordance with these.		
I will join in the life of the pre-school for as long as my child attends.		
I agree to offer my support in any or all of the following: <ul style="list-style-type: none"> • Parent Help • Fundraising Events • Assisting with supervised walks/ outings 		
I give permission for my child to go on supervised walks		
I give permission for you to administer plasters should my child require one		
I give permission for staff to apply sun cream if my child does not have any on or is staying for a full session. If not, I agree to provide my child with sustainable sun cream to be applied by staff		
I agree to my child being observed and records/photos being kept on the premises with regards to my child's progress		
I agree to photo's of my child being added to a photograph albums on the premises and to other children's keyworker files.		
I give permission for my child to be photographed during sessions or on outings for purposes of the Pre-school only		
I give permission for photo's of my child to be placed on the Pre-school website		
I give permission for information on my child to be passed onto their relevant school		
I will pay fees in the amounts and at the time specified by the Pre-school		
I will take all steps possible not to be late in collecting my child at the end of their session and will warn both staff and the child on any occasion when this may happen		
I agree for end of Pre-school Transfer Reports to be given to the Lower School your child will attend. You will also receive a copy		
If I no longer require this place at the Pre-school, I will inform the Pre-school as soon as possible+		

Signed

Signed by Admissions Co-ordinator

Date Received



Please give two emergency numbers other than main carer

• [Contact 1]

Contact Name	
Relationship to child	
Telephone Number	

• [Contact 2]

Contact Name	
Relationship to child	
Telephone Number	

Doctors name and address:

.....

Telephone number:

Medical History

- Has your child been immunised against DTP- Polio – Hib? YES/NO

(Diphtheria, Tetanus Pertussis, Polio)

If YES, please give appropriate date when this was given

- Has your child received the MMR vaccination? YES/NO

If YES, please give appropriate date when this was given

- Has your child received the Meningitis vaccination? YES/NO

If YES, please give appropriate date when this was given

Does your child have any medical details that we should be aware of? *E.g.*

allergies, illnesses, asthma or periods of time in hospital?

- Allergies
- Medical Conditions
- Major illnesses/operations
- On-Going health problems
- Under any professionals e.g. CDC, Speech & Language

.....

Is your child registered with the dentist? YES/NO

If YES, please provide their name and address:

.....
.....
.....

Telephone number:



Emergency Procedures:

In the event of an emergency, I give consent for any necessary advice to be obtained and/or my child to be taken to and treated in Hospital

Signed Parent/Guardian

Special Needs:

Our group has a special needs policy. Does your child have any special needs that you would like to discuss with a member of staff? If yes, please give details:

.....
.....
.....

- Does your child have a comforter or special toy? YES/NO
- Is your child toilet trained? YES/NO
- Are you happy for staff to discuss your child's toileting needs with staff and agree a continence programme? YES/NO

- Has your child attended any other pre-school/toddler groups? Please give details:

.....
.....
.....

- Any other information we should know about your child, any likes or dislikes etc:

.....
.....
.....

- Are there any skills which you or a member of your family is able to offer the Pre-school? E.g. craft, cookery, sport, speak another language etc. ...

.....



IF THERE ARE ANY CHANGES TO ANY OF THIS INFORMATION, INCLUDING FAMILY/HOME SITUATION, WE MUST BE INFORMED

Signed

Full Name

Date

Please could you supply your e-mail address below and sign to give consent for St Marks Church Pre-school to use this address, for the Pre-school use only. If you do not have access to an e-mail address please advise us below.

Thank you.

E-mail

I give consent for St Marks Church Pre-school to e-mail me information to me on the above address

Signed

Date

Data Protection

All information will be kept confidential and in line with the Data Protection Act 1998. Please see the Data Handling Policy for full details.

Funding/ Birth Certificates

The term after your child turns three, you will be able to claim funding for 5 pre-school sessions per week. For us to satisfy the Local Authority of your child's age, you are required to show a copy of your child's Birth Certificate. Please could you show this to a member of staff.

You will be notified of the space availability as soon as possible and please let us know if you no longer require the place in writing. Thank you.

Please feel free to attach any additional information about your child.

It is our statutory duty to protect the children in our care and to uphold all safeguarding legislation.

OFSTED REGISTRATION NUMBER: 219169

Contact OFSTED on: 0300 123 1231