

**Enrolment Forms**

Welcome to Bradworthy Pre-School

Please read the notes on page 2 prior to completing this document

Bradworthy Pre-school

Mill Road

Bradworthy

Devon

EX22 7RT

Telephone: 07944 116331

E-mail: bradworthypreschool@gmail.com

Website: www.bradworthypreschool.co.uk

**CONFIDENTIAL**

**Notes for Parents:**

Please complete all sections in full and check that all details provided are correct prior to returning this document to the pre-school. There is a checklist below to help you.

Failure to complete the forms correctly may delay the processing of your application.

Please ensure you bring your child’s original birth certificate, or other evidence of their date of birth, to the pre-school on or before their first day.

Should you require any assistance with completing these forms or wish to discuss any aspect of the enrolment process please contact the pre-school Administrator or setting Manager who will be happy to help.

If you find you no longer need the place, please inform Bradworthy Pre School as soon as possible. Should you decide you no longer need the place we would not retain the details on this application form in line with our Privacy Notice.

**CHECKLIST:**

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION** | **PAGE** | **INFORMATION** | **CHECKED** |
| SECTION A | 3 | Child’s Details |  |
| SECTION B | 4 | Parent/Carer Details |  |
| SECTION C | 5 | Separated Parents/Carers |  |
| SECTION D | 6 | Emergency Contacts |  |
| SECTION E | 7 | Medical Information |  |
| SECTION F | 8 | Additional Information |  |
| SECTION G | 9 | Funding |  |
| SECTION H | 11 | Fees |  |
| SECTION I | 12 | Session Requests |  |
| SECTION J | 13 | Parental Responsibilities |  |
| All About Me | 15 | To be completed for ALL children |  |
| BIRTH CERTIFICATE |  | Please bring original to pre-school |  |

**SECTION A: CHILD’S DETAILS**

First name(s)……………………….................................................................. Surname …………………………………........................

Name known as..................................................................................................................................................................

Date of birth …………………………..................................... Gender.........................................................................................

Ethnicity………………………………………………….................... Home Language………………………………………..................................

First Language …………………………………………………………………………………………………………......................................................

Address...............................................................................................................................................................................

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

..................................................................................................Postcode...........................................................................

Name of parent(s)/ carer(s) with whom the child lives......................................................................................................

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

Password (for child collection)...........................................................................................................................................

**In the event of a carer dropping off or collecting your child:-**

I give permission for the pre-school to pass on any information within reason to a carer dropping off or collecting my child from pre-school. I also authorise this person to be notified of any accident and sign an accident record on my behalf. I will ensure that any relevant information is passed by the carer to pre-school when dropping off my child and that the carer will notify me that day of any relevant information from pre-school.

**Please sign to agree** …………………………………………………………................................... **Date** ..................................................

**SECTION B: PARENT / CARER DETAILS**

**Parent / Carer 1**

Title: MR / MRS / MISS / MS OTHER.........................................................

First Name ……………………...........................................................Surname..........................................................................

Relationship to child …………………..……................................................................................................................................

Address……………………………………………………………………………………..………………….........….......................................................

…………………………………..……………………………………....................................... Postcode………….....……....................................

Email...................................................................................................................................................................................

Home Telephone Number ………………………………………….....................................................................................................

Work / Daytime……………….........………......….............................. Mobile..............................................................................

Does this person have parental responsibility for the child? Yes 🗌 No 🗌

Does this person have legal access to the child? Yes 🗌 No 🗌

**Parent / Carer 2**

Title: MR / MRS / MISS / MS OTHER..............................................................

First Name …………………………......................................................Surname.............................…………………..……..................

Relationship to child...........................................................................................................................................................

Address……………………………………………………………………………………..………………….........….......................................................

…………………………………..……………………………………............................................ Postcode………….....……...............................

Email...................................................................................................................................................................................

Home Telephone Number ………………………………………….....................................................................................................

Work / Daytime……………….........………......…............................... Mobile.............................................................................

Does this person have parental responsibility for the child? Yes 🗌 No 🗌

Does this person have legal access to the child? Yes 🗌 No 🗌

**SECTION C: SEPARATED PARENTS / CARERS**

We are required to keep details of all parents/carers who have contact with the child. Please supply details of additional parents/carers where this is the case.

**Parent / Carer 3**

Title: MR / MRS / MISS / MS OTHER..............................................................

First Name …………………………................................................. Surname.............................…………………..……......................

Relationship to child...........................................................................................................................................................

Address……………………………………………………………………………………..………………….........….......................................................

…………………………………..…………………………………….................................... Postcode………….....…….......................................

Email...................................................................................................................................................................................

Home Telephone Number ………………………………………….....................................................................................................

Work / Daytime……………….........………......…............................... Mobile.............................................................................

Does this person have parental responsibility for the child? Yes 🗌 No 🗌

Does this person have legal access to the child? Yes 🗌 No 🗌

**Separated parents with an S8 order:**

Other person(s) with legal contact to be completed where those persons with parental responsibility are separated and an S8 order is in place

Title: MR / MRS / MISS / MS OTHER..............................................................

First Name …………………………................................................... Surname.............................…………………..……....................

Relationship to child...........................................................................................................................................................

Address……………………………………………………………………………………..………………….........….......................................................

…………………………………..……………………………………........................................ Postcode………….....……...................................

Email...................................................................................................................................................................................

Home Telephone Number ………………………………………….....................................................................................................

Work / Daytime……………….........………......…............................ Mobile................................................................................

Does this person have parental responsibility for the child? Yes 🗌 No 🗌

Does this person have legal access to the child? Yes 🗌 No 🗌

What are the contact arrangements that the setting needs to know about?....................................................................

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

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

**SECTION D: Emergency Contact Details**

In the event of an emergency we will make attempts to contact parents/carers first. Should the parents/carers not be contactable please provide details of at least two other people to contact.

**Emergency contacts must live locally** but do not have to be a relative.

**Contact 1:**

Name ………..............................………...................................................................................................................................

Relationship to child / family …………………..……..................................................................................................................

Address……………………………………………………………………………………..………………….........….......................................................

…………………………………..…………………………………...........................…........ Postcode………….....……........................................

Contact Telephone Number/s …………………………………………...............................................................................................

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

**Contact 2:**

Name ………..............................………...................................................................................................................................

Relationship to child / family.........................................................................................………………..…….............................

Address……………………………………………………………………………………..………………….........….......................................................

…………………………………..……………………………………......................................... Postcode………….....……..................................

Contact Telephone Number/s …………………………………………...............................................................................................

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

**SECTION E : MEDICAL INFORMATION**

Child’s doctor’s name……………………………………..…………………...............Address…..……………….............................................

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

.................................................................................Telephone number …………................................................................

**MEDICAL CONDITIONS:**

Please provide details of any medical conditions / allergies / asthma / disabilities/ dietary requirements etc, including regular medication your child takes (please attach additional sheets if needed):

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

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

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

**IMMUNISATIONS:**

Is your child up to date with their immunisations? Yes 🗌 No 🗌

Has your child been immunised against: Diphtheria 🞏 Polio🞏 Measles 🞏 Whooping cough 🞏 HIBS 🞏

**FIRST AID:**

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

**Signed** ……………………………………………………............................................... Date.............................................................

**PLASTERS and SUNCREAM:**

Should your child sustain an injury that requires a plaster:

Is he/she allergic to plasters? Yes 🗌 No 🗌

Do you give permission for a plaster to be applied by a member of staff? Yes 🗌 No 🗌

We recommend that in sunny weather sun cream is applied at home before your child attends pre-school. Should your child need further sun cream applying at preschool this will be done by a member of staff using a children’s sun cream supplied by the preschool or sun cream provided from home.

Do you give permission for pre-school sun cream to be used on your child? Yes 🗌 No 🗌

Does your child have any known allergies to sun cream? Yes 🗌 No 🗌 If yes please provide details.

**Signed** ……………………………………………………................................................ Date............................................................



We use Tapestry online personal learning Journals which records photos, observations, and comments, in line with the Early Years Foundation Stage, to build up a record of your child’s experiences during their time with us.

I give permission for Bradworthy Preschool to create an online Tapestry Learning Journey for the above-named child.

The e-mail address I would like to link with the account so I have access to my child’s Learning Journey is …………………………………………………………………………………………………………………………………….

(provide your e-mail address)

OR If you do not have access to e-mail please tick this box and we can produce print outs at agreed intervals 🗌

**SECTION F: ADDITIONAL INFORMATION**

Bradworthy Preschool has a Special Educational Needs (SEN) Policy. Does your child have any special needs which you would like to discuss with staff? Yes 🗌 No 🗌

Are any of the following in place for your child?

SEN Action Plan Yes 🗌 No 🗌

Education Health & Care Plan Yes 🗌 No 🗌

Statement of special educational needs Yes 🗌 No 🗌

Details of professionals involved with your child e.g. Health Visitor / Social care worker (if applicable)

Name ............................................................Role................................................Telephone.............................................

Name ............................................................Role ...............................................Telephone.............................................

**2 YEAR OLD PROGRESS CHECK FOR CHILDREN AGED 24-36 MONTHS**

If your child is between 24-36 months, has a 2yr progress check already been completed for your child? Yes 🗌 No 🗌

If yes – which setting completed the check…………………………………………………………… Date Completed …………………………

As per the requirements of the Early Years Foundation Stage Bradworthy Pre School will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and will discuss it with you.

What is the main religion in your family? (Optional) .........................................................................................................

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

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

**Other Permissions**

Do you give permission for your child to be taken out of the setting as part of daily activities for visits to locations in the village such as the church, forest school area, shop, library van, playing fields and hall? Yes 🗌 No 🗌

**Signed** …………………………………………………….............................................**Date** ....................................................................

Do you give permission for photos to be taken of your child during sessions to support their learning and development that will be stored on Tapestry and on wall displays? Yes 🗌 No 🗌

**Signed** …………………………………………………….............................................**Date** ....................................................................

Do you give permission for photographs of your child to be used on the pre-school website, closed Facebook communication page and for any promotional material for the pre-school? Yes 🗌 No 🗌

**Signed** …………………………………………………….............................................**Date** ....................................................................

**SECTION g: FUNDING**

Four types of funding are available for children attending pre-school:

**2 Year Old funding:**

This is available for 2 year old children from families who meet any the following criteria:

* Income support
* Employment and Support Allowance
* Child Tax Credit without Working Tax Credit, with an annual taxable income of less than £16,190
* Income Based Job Seeker’s Allowance
* Guaranteed Element of State Pension Credit
* Support under Part VI of the Immigration and Asylum Act 1999
* From September 2014 families receiving Working Tax Credit with a household income under £16,190 are also eligible.

This funding is for up to 15 hours per week. For further details visit <http://www.devon.gov.uk/disc-2gether>

Have you received a Golden Ticket Yes 🗌 No 🗌

Have you received a confirmation letter for funding Yes 🗌 No 🗌

**Early Years Funding:**

This is available to **ALL** children from the term after they turn three years old. Please see our information pack for further details. This is currently available for up to 15 hours of childcare per week and may be split between different settings.

Do you have funded hours for your child? Yes 🗌 No 🗌

How many funded hours do you intend to use at Bradworthy Pre School? …………………………………….

How many funded hours do you intend to use at an alternative setting? ……………………………………….

**30 Hours Extended Entitlement**

This is available to eligible children the term after they turn three years old. Please see information pack for me details. This is currently available for up to 30 hours of childcare per week and may be split between different settings. *Currently at Bradworthy we limit each child to 3 full days (6 sessions) so that we can split provision fairly.*

Do you have 30 hours funding? Yes 🗌 No 🗌

How many hours do you intend to use at Bradworthy Pre School? …………………………………………………….

How many funded hours do you intend to use at other settings?...........................................................

Please supply your 30hr Funding Code and National Insurance number to check eligibility.

Code………………………………………………………… NI Number ……………………………………………………………………..

**Early Years Pupil Premium:**

This is extra funding which is available for 3 and 4 year old children from lower income households. This additional funding is paid to the pre-school and enables us to provide specific resources and benefits to those children who need it most. We ask that all parents please complete the forms whether they think their child will qualify or not. A letter and forms are provided as a separate document to this one.

Does your child currently attend another pre-school, nursery or early years setting? Yes 🗌 No 🗌

If yes please provide details below:

Name of Setting..................................................................................................................................................................

Address...............................................................................................................................................................................

................................................................................................................Postcode.............................................................

Telephone Number.............................................................................................................................................................

Will your child continue to attend this setting once they start pre-school? Yes 🗌 No 🗌

If yes, how many hours a week will they attend the above setting? ....................................

Do you give permission for us to contact the above setting? Yes 🗌 No 🗌

**Birth Certificate**

The Pre School is required to see the child’s original birth certificate to validate date of birth. Please bring into Pre School with your enrolment forms, a member of staff will check it, take a copy and return to you.

Birth Certificate Seen by/copied ……………………………………..…………. Signed …………………………………………………………………..

**SECTION H: FEES**

Any hours that your child attends pre-school which are not covered by 2 year old funding or early years funding will be chargeable at our current hourly rate (please ask the pre-school Administrator for up to date details).

Fees are charged for whole sessions even if your child is picked up early or dropped off late. Fees will also be charged for any missed sessions unless these have been authorised in advance as a planned absence (minimum of 7 days notice required) **or** you are able to make up the missed session at another time.

Invoices are generated monthly and we appreciate prompt payment by cheque, cash or BACS.

Non-payment of fees could result in your child losing their place at pre-school. Should you have any queries regarding payment of fees please contact either the Committee Treasurer or Pre-school Administrator who will be more than happy to help.

Please provide details below of the person who will be invoiced for unfunded hours:

Title: MR / MRS / MISS / MS OTHER.........................................................

First Name …………………….........................................................Surname............................................................................

Relationship to child …………………..……................................................................................................................................

Address……………………………………………………………………………………..………………….........….......................................................

…………………………………..……………………………………......................................... Postcode………….....……..................................

Email...................................................................................................................................................................................

Home Telephone Number ………………………………………….....................................................................................................

Work / Daytime……………….........………......….................................. Mobile..........................................................................

**Parent Declaration:**

I accept responsibility for ensuring all fees charged by Bradworthy pre-school will be paid within payment terms. I understand that late payment fees and interest may be applied to unpaid fees. I understand that my child’s hours may be reduced or they may lose their place at pre-school should fees remain unpaid. I will contact the pre-school to discuss payment of fees should I have any concerns.

Signed......................................................................................................... Date................................................................

**SECTION I: SESSION REQUESTS**

The pre-school is currently open from 9 am until 3.30 pm Monday to Friday during term time only. We operate the same term dates as Bradworthy Primary Academy (please see their website for details).

Children may attend the pre-school from 2 years proceeding school entry. Children aged 2 – 2 1/2 years may only attend a morning **or** afternoon session.

Please complete the details below to request the sessions you would like your child to attend pre-school. This application places you on Bradworthy Pre School waiting list. You will receive confirmation of a place and of sessions as soon as a place becomes available, please note completion of this form does not guarantee a place for your child. Sessions maybe limited. A member of staff may contact you to discuss your session requests.

**All sessions are subject to availability and subject to change depending on demand.**

Child's Full Name ..............................................................................................................................................................

Date of Birth ….......................................... ................

Intended start date.....................................................

|  |  |  |  |
| --- | --- | --- | --- |
|  | MORNING | | AFTERNOON |
| 9 am – 12 pm | 12 pm – 1 pm | 1 pm – 3.30 pm |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

Please contact the pre-school Administrator or Manager if you have any queries regarding this form.

**SECTION J: PaRENTAL RESPONSIBILITY AND DECLARATION**

Please be advised that this application form and offer of a place is subject to Bradworthy Pre School’s terms and conditions. Written below is a list of statements relating to your responsibilities as a parent/carer of a child attending Bradworthy Pre-school. Please read these statements and sign and date at the bottom to acknowledge that you have read, understood and agreed to these terms and conditions.

1. At the earliest opportunity I will inform the pre-school of any changes to mine or my child’s personal details such as name, address, contact details, parental responsibility, child’s health, or medical details.

2. If my child is unwell, I will contact the pre-school to inform them of any absence and will ensure that an absence form is completed. If my child is unwell with vomiting or diarrhoea, I will keep them at home until 48 hours after the last episode of vomiting or diarrhoea.

3. I have a copy of the pre-school Information Pack and have familiarised myself with the information in it.

4. I am aware of the policies and procedures that the pre-school has in place and understand that it is my responsibility as a parent to familiarise myself with them.

5. I understand that there may be circumstances where information may be shared with other professionals or agencies without my consent as outlined in the Information Sharing policy and procedure.

6. As a parent of a child at pre-school I understand that I have Family Membership of the Pre-school and am entitled to attend any General Meetings that are held. I also understand that a Family Membership entitles me to one vote at any General Meeting.

7. I am aware that the pre-school has a Safeguarding policy and procedure, have read it and understand that the safeguarding of children is the responsibility of everybody, including myself as a parent. I have also read the setting’s Safeguarding Statement (see the notice board outside pre-school or our website).

8. When asked to give feedback or take part in parent questionnaires I will make every effort to provide an accurate and honest opinion.

9. When fundraising events are taking place, I will make every effort to help and support in any way I am able.

10. I will keep myself up to date with current news and information regarding the pre-school by reading the newsletters, notice board or speaking with staff or committee members.

**Signed**....................................................................................................... **Date**.................................................................

All About Me

My name is …………………………………………………………………………………..

I am ................ years old and my date of birth is ........................................

|  |  |
| --- | --- |
| I live at home with |  |
| Names and ages of my brothers/sisters |  |
| Other people I may talk about |  |
| My pets and their names |  |
| My favourite things are (toys, story, TV programme/film etc) |  |
| Activities I really enjoy |  |
| Food I don’t like |  |
| If I am sad you can help me by....... |  |
| Special words I may use for things |  |
| If I need the toilet this is the help I will need.......... |  |

(THIS PAGE TO BE COMPLETED BY STAFF)

Date you started pre-school ...............................................

Activities you have enjoyed in your first few weeks ................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Observations we have made

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

Summary of your first few weeks

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

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

Date shown to Parent/Carer.......................... ......... Signature of Parent/Carer...........................................................

Signature of Staff...............................................................................