Application for admission to Cumnor Pre-School Nursery

Childs details

Childs first names(s): _____

Surname: _____

Name child prefers to be known by: _____

Childs full address:

_____

_____ Postcode: _____

Gender: F or M   Date of birth (DD/MM/YYYY): _____/_____/_____

Childs first language: _____

Family details

Parent/carer (1) Name: _____

Relationship to child: _____

Full address: _____

_____ Postcode: _____

Daytime/work telephone: _____ Home: _____

Mobile: _____ Email: _____

Does the person listed above have parental responsibility?: Y or N

Parent/carer (2) Name: _____

Relationship to child: _____

Full address: _____

_____ Postcode: _____

Daytime/work telephone: _____ Home: _____

Mobile: _____ Email: _____

Does the person listed above have parental responsibility?: Y or N

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

Emergency contact details if parent(s)/carer(s) are not available

Contact 1 Name: _____

Relationship to child: _____

Full address: _____

_____ Postcode: _____

Daytime/work telephone: _____

Home: _____ Mobile: _____

Contact 2 Name: _____

Relationship to child: _____

Full address: _____

_____ Postcode: _____

Daytime/work telephone: _____

Home: _____ Mobile: _____

Details of professionals involved with your child

GP Name: _____

Address: _____

_____ Postcode: _____

Telephone Number: _____

Health visitor name (if applicable): _____

Address: _____

_____ Postcode: _____

Telephone Number: _____

Social Care Worker name (if applicable): _____

Address: _____

_____ Postcode: _____

Telephone Number: _____

Any other professional who has regular contact with the child

Name 1: _____ Role: _____

Agency: _____ Telephone number: _____

Address: _____

Name 2: _____ Role: _____

Agency: _____ Telephone number: _____

Address: _____

About your child

Does your child have any special dietary needs (e.g. allergies,vegetarian)?:_____

_____

Does your child have any other special needs/disabilities/health issues that you feel require special consideration? :_____

_____

What special support will your child require in our setting? (if applicable): _____

_____

_____

Are your child's immunisation up to date? (please circle):   Yes   No

Name/s and date/s of birth of other children in your family:

Name_____ Date of birth: _____

Name_____ Date of birth: _____

Name_____ Date of birth: _____

Name_____ Date of birth: _____

Where did you hear about us?: _____

Print Name: _____

Signed: _____

Date: _____

Our admissions policy and privacy notice are available to view at: http://cumnor-preschool.co.uk/

Session Request

Childs Name: _____

Preferred start date: _____

Please tick the sessions you would like your child to attend:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning - 9am-12noon (2/3 years)					
Afternoon – 12-15.15pm (Rising 4's and above)					
All day – 9am – 15.15pm (Rising 4's and above)					

All applications must be sent with a refundable deposit of £30.00. This deposit will be returned during the first school term that the child attends Pre-School. For children claiming the Nursery Education Grant this will be by cheque; for fee paying children the deposit will be deducted from the invoice of the first completed school term (e.g. If your child starts in September the refund will take place at the end of December). If the Pre-School is unable to offer your child a place as requested on the application form the deposit will be refunded in full. If, however you choose not to accept the place or your child does not complete their first school term the deposit will be used to help cover loss of earnings

This application, accompanied by the deposit of £30.00 (payable by cheque made payable to Cumnor Pre School Nursery, cash or BACS: Sort code: 20-65-18, Acc Number: 80309303, Please reference "deposit followed by your child's name"), places your child on our waiting list. We have 3 intakes per year: September, January and April. We will contact you 4-6 weeks before the start of the term. Once your child is offered a place and you accept you will be sent a welcome pack which contains forms requiring further personal information and family details which are required for our records.

Signed parent/carer (1): _____

Signed parent/carer (2): _____

Please note that completion of this form does not guarantee a place for your child.

For Office use only: Date application received: _____ Date deposit received: _____

Acknowledgement email sent: Admission ☐   policy sent: ☐

Privacy notice sent: ☐ Acceptance received: ☐