

RIVER PRE-SCHOOL PLAYGROUP ADMISSION FORM

Provided there is a vacancy, children will be admitted to River Pre-school Playgroup from two years and six months of age.

Two weeks fees in advance will be payable to the Pre-school to secure a place.

Please bring your child's birth certificate on your first day

Birth Certificate checked by staff Yes/No signed: _____ Date: _____

Position: _____ Name: _____

Please fill in the following form in block capitals

CONTACT DETAILS:

Family Name (as on birth certificate):	
Child's Name (including middle names as on birth certificate):	
Name child should be addressed in Playgroup?	
Date of birth:	Gender:
Parent 1 Name:	Parent 2 Name:
Address:	Address:
Pls indicate address at which child lives.	
Does this parent have parental responsibility? Yes/No (delete)	Does this parent have parental responsibility? Yes/No (delete)
Does this parent have legal contact with the child? Yes/No (delete)	Does this parent have legal contact with the child? Yes/No (delete)
Tel. Home:	Tel. Home:
Tel. Work:	Tel. Work:
Tel. Mobile:	Tel. Mobile:
Please note name and contact details of any other persons with either parental responsibility or legal contact below:	

Additional emergency contact details (if unable to contact above)

Name: (Relationship):	Name: (Relationship):
Address:	Address:
Tel:	Tel:

Name of persons authorised to collect your child from Playgroup

Name:	Relationship:
Name:	Relationship:
Name:	Relationship:
Name:	Relationship:

Parent Signature

(Please notify us of any changes. No child will be released to an unauthorised person).

MEDICAL DETAILS

Doctor's Name:	Tel:
Doctor's Address:	
Health Visitor Name:	Tel:
Any known Medical Conditions: (see note*)	
Any known Allergies: (see note*)	

*If your child suffers from a medical condition that may result in treatment being necessary whilst in the care of Playgroup, we will require a written emergency treatment plan to be provided by you for our records. Please contact a playgroup Supervisor for further information.

Does your child have any special needs or disabilities? Yes/No (delete)

If Yes, please give details below:

Are any of the following in place for the child:

Early Years Action?	Yes/No (delete)
Early Years Action Plus?	Yes/No (delete)
Statement of Special Education Need	Yes/No (delete)

What special support will he/she require in our setting?

Name of professionals involved with child (i.e. speech / hearing therapists, etc):

Name	Role
Agency	Tel

Name	Role
Agency	Tel

Does your family have a social worker for any reason? Yes/No (delete)

Name
Tel

What is the reason for the involvement of the social care department with your family?

In case of emergency, please sign below for the pre school to seek appropriate medical treatment for your child (this is an Ofsted requirement).

Signed **Dated**
Name in block capitals.....

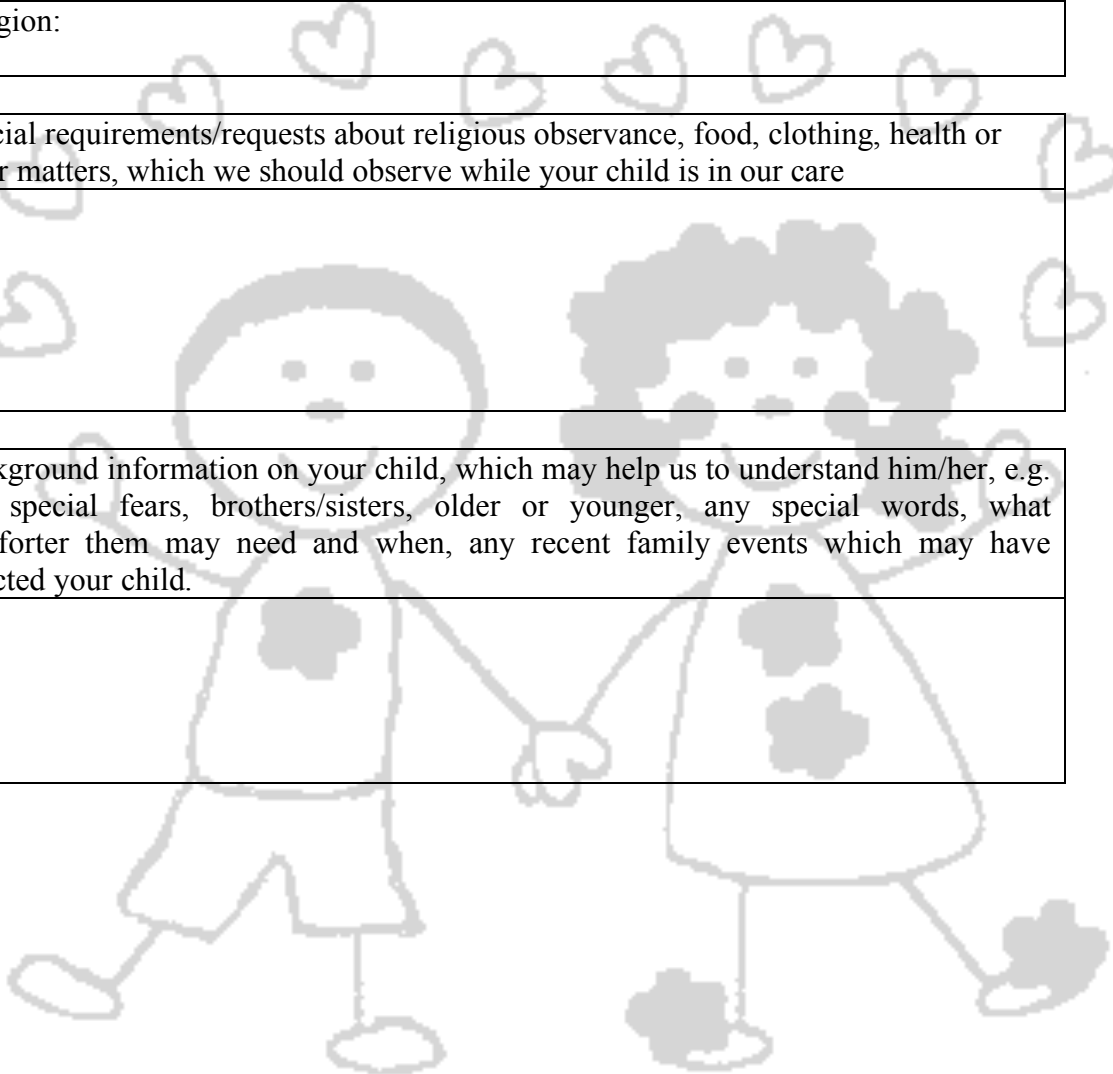
ADDITIONAL INFORMATION:

The following information is voluntary, but will help us to check that we as a Playgroup are reaching the full range of local families, and can fully support all our children. It is not used to discriminate.

Child's Nationality:
Ethnic Background:
Primary Language Spoken:
Religion:

Special requirements/requests about religious observance, food, clothing, health or other matters, which we should observe while your child is in our care

Background information on your child, which may help us to understand him/her, e.g. any special fears, brothers/sisters, older or younger, any special words, what comforter them may need and when, any recent family events which may have affected your child.



SESSION REQUESTS:

Before your child is due to start with us, you will receive a letter with information about vacancies available at that time. Where possible we will endeavour to offer you the sessions you request.

Please tick below the morning sessions you would like (0845-1145hrs)

MON	TUES	WED	THURS	FRI
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Please tick below the lunch sessions you would like (1145-1245hrs)

MON	TUES	WED	THURS	FRI
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Please tick below the afternoon sessions you would like (1245-1445hrs)

MON	WED	THURS(RISING 4'S)	FRI
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Has your child previously attended (please tick)?

Parent toddler group	Another playgroup
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Will your child be attending another playgroup in addition to the sessions at River Pre-school Playgroup? YES/NO

If YES, we would like to be able to contact the other setting to share information in order to fully support your child. Please provide the following information if known

Name of Playgroup/Nursery:	Address of Playgroup/Nursery:
Tel No:	Name child's Keyperson:

PARENTAL HELP:

As a committee run, non-profit making charity, we welcome support and help from all our parents, carers and grandparents.

Would you be interested in becoming a committee member? Yes/No (delete)

Are you able to offer help with outings and fund raising activities? Yes/No (delete)

CONSENT FORMS:

Please delete as applicable and then sign below:

I am/am not willing for _____ (child's name) to be photographed and displayed during playgroup sessions.

I am/am not willing for _____ (child's name) photograph to be used to promote the Pre-School.

I am/am not willing for _____ (child's name) to go on brief, local outings from playgroup into the community/River Primary School. I understand that specific consent will be sought for major excursions.

I am/am not willing for _____ (child's name) to have sun cream applied when necessary, i.e. when my child is playing in an outdoor area in full sun.

I do/do not give my consent for members of staff to talk to our Specialist Teacher (Area SENCO whose job it is to assist and advise staff to support all children) about _____ (child's name). Please note that we will always feed back any information to you.

I am/am not willing to receive letters and newsletters by e-mail. My e-mail address is _____

River Pre-School will not share your details with any third party.

Please print name of parent/carer:.....

SIGNED**DATE.....**

River Pre-school Playgroup, Methodist Church Hall, Common Lane, River, Dover, Kent.