



## APPLICATION FORM

**Child's Full Name:**

**Preferred Start Date:**

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**Name to be used at the Preschool:**

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**Date of Birth:**

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**Gender:**

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**Names of Parents/Carers:**

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**PARENT NATIONAL INSURANCE NUMBER:**

(this is used to obtain the Pupil Premium for each child if appropriate)

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**Home Address:**

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**Telephone Number and Email Address:**

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**Mobile Number:**

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**Parents/Carers Place of Work:**

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**Parents/Carers Daytime Telephone Number:**

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**Other Emergency Contact Details:**

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**Names of Persons Authorised to collect your child (including contact numbers):**

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**Password Required Please.....**

**(For collection of child if adult not known to preschool)**

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**HAS A TWO YEAR CHECK BEEN COMPETED BY YOUR CHILD'S HEALTH VISITOR? YES/NO**

**Doctor's Name: Doctor's Address/Telephone Number:**

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**Details of any Special Dietary Requirements, Allergies and Significant Food and Drink Preferences:**

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**Record of Immunisations**

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**Do you consent for members of staff at the Pre-School to apply sun cream to your child in hot conditions?**

**Yes/No**

**Any other relevant information:**

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**Do you consent for your child to be included in outdoor nature walks around the school grounds and trips to the local community e.g. church?**

**Yes/No**

**Do you consent to your child having his/her photograph taken whilst on trips and at preschool for observation and assessment purposes?**

**Yes/No**

**I hereby consent for my child to take up a place at this preschool, according to the terms and conditions set out in its policies and procedures. I have understood the expectations and obligations relating to both myself and the preschool, and agree to abide by them.**

**I confirm that the information given above is correct, and I promise to contact the manager as soon as any of the details change.**

**Signature of Parent/Carer:**

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**Date:**

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**If you have any questions or comments, please get in touch with the manager.**