

# APPLICATION FORM

We advise discussing your needs prior to submitting your application.  
Please complete in BLOCK CAPITALS.



<b>PERSONAL DETAILS</b>			
CHILD'S FULL NAME:			M <input type="radio"/> F <input type="radio"/> OTHER <input type="radio"/>
CHILD KNOWN AS:		DATE OF BIRTH:	
1ST CONTACT NAME:			
CONTACT NUMBER DURING SESSION TIME:		RELATIONSHIP TO CHILD:	
ADDRESS:			
TELEPHONE:		ON FACEBOOK:	YES <input type="radio"/> NO <input type="radio"/>
EMAIL:			
2ND CONTACT NAME:			
<b>If second parent/carer contact has different details please fill in below.</b>			
ADDRESS:			
TELEPHONE:		ON FACEBOOK:	YES <input type="radio"/> NO <input type="radio"/>
EMAIL:			
CONTACT NUMBER DURING SESSION TIME:		RELATIONSHIP TO CHILD:	
ALTERNATIVE CONTACT NAME:			
CONTACT NUMBER DURING SESSION TIME:		RELATIONSHIP TO CHILD:	
NAME OF PERSONS WHO HAVE LEGAL CONTACT AND PARENTAL RESPONSIBILITY:			
NAME OF ANY OTHER SIGNIFICANT ADULTS IN THE HOME WHO DO NOT HAVE PARENTAL RESPONSIBILITY:			

# SESSION APPLICATION

*I would like to apply to reserve a place for my child for (tick/select as appropriate - these days will be confirmed closer to your child's start date at the Pre-School). We will organise a home visit prior to our child starting to enable us to see your child in their home environment. We will also be able to answer any questions you may have.*

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING <input type="radio"/>	MORNING <input type="radio"/>	MORNING <input type="radio"/>	MORNING <input type="radio"/>	MORNING <input type="radio"/>
LUNCH CLUB <input type="radio"/>	LUNCH CLUB <input type="radio"/>	LUNCH CLUB <input type="radio"/>	LUNCH CLUB <input type="radio"/>	LUNCH CLUB <input type="radio"/>
	FULL DAY <input type="radio"/>	FULL DAY <input type="radio"/>	FULL DAY <input type="radio"/>	FULL DAY <input type="radio"/>
MILK OR WATER (FREE)			MILK <input type="radio"/> WATER <input type="radio"/>	

## PARENTS' WORK CONTACT DETAILS (PLEASE COMPLETE)

NAME:		TEL NO:	
COMPANY NAME & ADDRESS:			
NAME:		TEL NO:	
COMPANY NAME & ADDRESS:			

IS THERE ANY ASPECT OF YOUR WORK YOU COULD SHARE WITH THE PRE-SCHOOL?

## CHILD'S MEDICAL INFORMATION

DOCTOR'S NAME:		TEL NO:	
ADDRESS:			
DOES YOUR CHILD HAVE ANY ALLERGIES?	YES <input type="radio"/> NO <input type="radio"/>		
IF YES, Please specify:			
DOES YOUR CHILD TAKE ANY PRESCRIBED MEDICINES?	YES <input type="radio"/> NO <input type="radio"/>		
IF YES, Please specify:			
HAVE YOUR ANY CULTURAL OR RELIGIOUS WISHES THAT NEED TO BE CONSIDERED SHOULD ANY EMERGENCY ARISE?	YES <input type="radio"/> NO <input type="radio"/>		
IF YES, Please specify:			
DENTIST'S NAME:		TEL NO:	
ADDRESS:			

# ASSISTANCE TO PRE-SCHOOL

*Pre-School must have parents willing to volunteer to ensure it can keep operating. The committee meets once a month.*

I/WE WOULD LIKE TO BECOME A 'FRIEND OF HARROLD PRE-SCHOOL'

YES  NO

I/WE WOULD LIKE TO JOIN THE COMMITTEE OF HARROLD PRE-SCHOOL

YES  NO

WE ARE KEEN TO OFFER ASSISTANCE TO THE PRE-SCHOOL IN THE FOLLOWING AREAS:

## DECLARATION

*I give permission for Harrold Pre-School to (tick/select as appropriate):*

<input type="radio"/>	Seek emergency medical attention for my child if necessary	<input type="radio"/>	Apply a plaster if necessary
<input type="radio"/>	Take my child out of school on local visits	<input type="radio"/>	Apply sun cream
<input type="radio"/>	Photographs to be used on our website	<input type="radio"/>	Photographs to be used in publications
<input type="radio"/>	Photographs to be used on our Facebook page	<input type="radio"/>	Record details concerning my child's development to which I will have open access
<input type="radio"/>	Take photographs that may include my child for developmental record purposes	<input type="radio"/>	I will read and sign the retention policy, allowing pre-school to keep data about my child in line with GDPR

SIGNED:

DATE:

NAME:

*On receipt of your application the Pre-School will consider all the details included in this application and advise you whether it is able to meet your requirements.*

## EQUAL OPPORTUNITIES DECLARATION

*Harrold Pre-School operate an equal opportunities policy and we are requires to monitor the ethnic origin of the children using the Pre-School.*

NATIONALITY:

ETHNIC ORIGIN (tick/select as appropriate):

<input type="radio"/>	AFRICAN	<input type="radio"/>	ASIAN
<input type="radio"/>	CARIBBEAN	<input type="radio"/>	UK/IRELAND
<input type="radio"/>	OTHER EUROPEAN Please specify:	<input type="radio"/>	OTHER Please specify: