



Admission Form

For pre-school use only		
Deposit Paid Yes/No Amount Paid	Date Paid Refund	
Days Attending: MTWF Start Date	Letter place confirmed	
Child Dataile		
Child Details		
First Name Middle Name(s)	Surname	
Date of Birth Age at Entry years	months Position in Family	
Religion Language(s) spoken at ho	mePreferred Start date	
Development Control Co		
Parent/Carer/Guardian Details		
Parent/Carer/Guardian 1		
Full Name		
Address		
Home TeleMobile	Work	
E-mail address		
Parent/Carer/Guardian 2		
Full Name	Relationship to Child	
Address		
Home TeleMobile	Work	
E-mail address		
Emergency Details		
Please provide details of additional family members or friends (different to those stated above) who can be contacted in an emergency in the order that you wish them to be contacted.		
1st Contact	2nd Contact	
Full name	Full name	
Relationship to Child	Relationship to Child	
Address	Address	
Tele: Mobile	Tele: Mobile	

<u>Health/Welfare Information</u>
Doctor's Name
Address
Health VisitorNHS No
Does your child have any medical conditions that we should be made aware of? If so, please give full details.
Does your child take any regular medicines? If so, please give details.
**Please note that medicines cannot be administered during the time they are at Pre-School unless it is emergency medication such as an inhaler or epi-pen, in which case the parent/carer/guardian must complete and sign a medication form.
Does your child have any allergies? If so, please give full details.
Does your child have any other dietary requirements? If so, please give full details.
Have you, or are you in contact with any external agencies/professionals with regards to your child's development e.g. speech therapy, physiotherapy, portage, physical and sensory support, occupational therapy? If so, please give full details.
Have you, or are you in contact with Social Services with regards to any aspect of your child's welfare? If so, please give full details.
General Information
Has your child been attending any other play group or pre-school? If so, please give details.
Name of primary school you hope your child will attend

Days and hours of sessions

9.15am to 1.00pm: Monday, Tuesday, Wednesday and Friday.

1.00pm to 2.30pm: Monday, Tuesday and Wednesday

- Funded children (age 3) are requested to start on 4 mornings
- Non-funded children (age 2) can start on 3 days. Afternoon sessions are not available to under 3s.
- Children aged 2 years can be start on 2 days per week providing they continue on 4 days once funded (if space is available).
- All children will need a packed lunch and water bottle every day.

Please circle the times your child will be attending: Please note – we are **NOT** open on Thursdays

Monday: 1pm 2.30pm Tuesday: 1pm 2.30pm Wednesday: 1pm 2.30pm

Friday: 1pm

(During Covid 2.30pm times are not available)

Declaration

Please note that by signing this admission form and upon confirmation of your start date, you are in agreement that should any change be made to this date by yourself which puts your child's starting time with us later than the confirmed date, then payment of fees will still commence from the original date and <u>NOT</u> the new start date.

Signature:	Date:	
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Print Name:		

Please note that a **non-refundable** deposit of £40.00 should be sent with your completed Admissions Form providing you have been guaranteed a space by the preschool.

If the preschool is full and those wishing to be placed on the waiting list for the next available space, a **non-refundable** deposit of £20.00 is required. Once a place has been confirmed a further £20.00 **non-refundable** payment will be requested.

Please note that all cheques should be made payable to 'Burpham Preschool'. Online payments can be made to: HSBC, Sort code: 40-22-26 Account: 21274473. Please put your child's name as reference and advise the admissions secretary (office@burphamchurch.org.uk) of payment.

Times/Costs

- Current rate is £6.00 per hour
- 9.15 a.m. to 1.00 p.m. = £22.50
- 9.15am to 2.30pm =£31.50