

Registration and Sessions Requested Form



Full name of child: _____ Gender: M / F

Preferred name: _____ Date of birth: _____

Names of Parent/Carer with whom child lives:

Parent/Carer 1/ _____

Does this parent have parental responsibility? Yes / No (please delete)

Parent/Carer 2/ _____

Does this parent have parental responsibility? Yes / No (please delete)

Home address: _____

Postcode: _____ Tel no: _____ Mobile no: _____

Email address for correspondence _____

Name of parent with whom the child does not live: _____

Does this parent have parental responsibility? Yes / No (please delete)

Does this parent have legal access to the child? Yes / No (please delete)

Home address: _____

Postcode: _____ Tel no: _____ Mobile no: _____

Contact name in emergency: _____

Address: _____ Tel No. _____

Relationship eg. Granny/friend etc _____

Names and phone numbers of other authorised/ introduced people to collect the child (over 16):

Doctor's name, address and telephone number: _____

Any other information we ought to know eg. Relating to the security of the child / anyone that must not collect your child. Please keep us up-to-date. _____

Religion: _____

Has your child been immunised against:

Diphtheria _____ Whooping cough _____ Tetanus _____ Meningitis C _____

Polio _____ Hib _____ MMR _____ Pneumococcal infection _____

Does your child have any health or medical conditions? _____

Does your child have any special needs or disabilities? _____

Is your child allergic to anything? (Please be specific) _____

Does your child follow a special diet? _____

Has your child been in hospital recently? _____

Does your child attend another preschool? _____

When will he/she probably start school? _____

What is the main language spoken at home? _____

Does your child have a health visitor? Yes / No Name: _____

Does your family have a social worker for any reason? Yes / No Name: _____

Is there anything else we should know about your child in order to help and understand him/her? Eg. Does he/she have any special fears, any special words (for toilet perhaps) or any recent family events which may have affected your child?

NB. *All this information will be kept confidential.*

I wish to discuss my child with the manager Yes _____ No _____

Fees

For fees please go to www.littledovescp.org.uk/info/sessions-and-fees

Birth certificate: Please show us a copy of your child's birth certificate as evidence for the right to ask for funding, as the time arises. Thank you.

Sessions Requested

There are two types of session available for funded children on Tuesdays, Thursdays, Fridays:

- a full day session of 5 hours (9.15am – 2.45pm) inc. an optional self-funded lunch club (£2.75/day) Children bring their own packed lunch.
- a morning session of 3 hours (9.15am – 12.45pm) inc. an optional self-funded lunch club (£2.75/day) Children bring their own packed lunch.

Wednesday morning sessions are intended for self-funded children however this can be flexible if necessary. Self-funded children can attend other sessions if there is space.

To enable Pam to plan please indicate below how many sessions/days you would like your child to attend. Pam will do her best to accommodate you, but cannot guarantee everyone will get their choice.

2, 3 & 4 yr old funded children will take priority. Places can be renegotiated for the next term.

Number of sessions requested _____

Please clearly tick the days and times you prefer and delete those which are totally unacceptable.

Tuesday

- all day session
- morning session
- lunch club

Wednesday

- morning session
- lunch club

Thursday

- all day session
- morning session
- lunch club

Friday

- all day session
- morning session
- lunch club

Any other comments:

I enclose a non-returnable registration fee of £30 (£20 for siblings) This includes a name card, named coat peg and a complimentary 'build-up' session prior to your child starting to help your child feel 'welcome and secure' at Little Doves Christian Pre-School. There is no registration fee for funded children.

I have read and agree to the terms and conditions of the Little Doves Parent Contract. www.littledovescp.org.uk/info/parent-contract

| | |
|---|------------|
| Signature _____ | Name _____ |
| (Parent/ Guardian with parental responsibility) | |
| Date _____ | |

Please return by post to:

Little Doves Christian Pre-School
c/o 100 Longfields
Ongar
Essex
CM5 9DE

When this registration form and registration fee (if appropriate) has been received by Little Doves Christian Pre-School your child will be added to the waiting list. March 2017