**APPLICATION FORM**

**Please complete this form in CAPITAL letters throughout.**

**CHILD INFORMATION**

Legal Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Legal Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male /Female: \_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Current Class Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Year Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT INFORMATION: PARENT / GUARDIAN**

Title & Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home / Work Phone No:\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Relationship to Pupil: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Parental Responsibility: Yes / No

**CONTACT INFORMATION: PARENT / GUARDIAN**

Title & Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home / Work Phone No:\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Relationship to Pupil: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Parental Responsibility: Yes / No

**Dietary Requirements:**

Artificial Colouring Allergy No Dairy Produce Vegan

Gluten Free Seafood Allergy Vegetarian

Does your child have any other dietary requirements we should be aware of?

**Medical Information:**

**Medical Practice Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Practice Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Practice Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your child have any medical conditions or longstanding illness or disability that we should be aware of?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT**

**Hospital Treatment:**

If I am not available, in the event of my child needing hospital treatment, I give permission for him/her to be taken to hospital and to receive any necessary treatment once there.

**Collection**

Please list below the names of **ALL** persons authorised to collect your child:

1. 2.

3. 4.

**Collection password:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please notify us of any changes to the above information as soon as possible as we will not release your child with an adult not named.***

Signed ………………………………………………………………. Parent/Carer Date ………………………………......

Print Name: ……………………………………………………….

**BOOKING FORM**

Care required from:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ And to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please insert start & end dates)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day** | **Pre-care from**  **7.45 a.m @ £6.00**  **(drink included)** | **Pre-care from 8**  **a.m @ £5.00**  **(drink included)** | **After Care to 4**  **p.m @ £6.00** | **After Care to 5.00**  **p.m @ £8.50** | **After Care to 6**  **p.m @ £10.50** |
| **Monday** |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |
| **Friday** |  |  |  |  |  |

# CASUAL PLACES

We may have casual places available, please contact the school office to check availability.

**CASUAL RATES:**

Pre Care (from 7.45a.m.) - £7.00

Pre Care (from 8.00a.m.) - £6.00

After Care (to 4.00p.m.) - £7.00

After Care (to 5.00p.m.) - £9.00

After Care (to 6.00p.m.) - £11.00

***If casual places booked are not cancelled before 12.00 noon on the day required, a fee of £10.00 will be charged.***

***Fees are payable monthly in advance.***

* We **require** two months notice should you wish to amend your booking. This must be made in writing.
* There is a late payment charge of £10 for any payments not made by the due date.
* **Late collection** will incur a charge of £5 for up to 15 minutes and £5 for each additional 15 minute block.
* A **deposit** of £20.00 is required to secure your child’s place. This is non-refundable to cover administration.
* If children are collected after 6 p.m., a charge of £10 per 15 minutes will be made.
* Parents **must** notify the Pre-school or School Office if their child will not be attending for any reason (i.e attending a club, illness etc)
* Refunds **cannot** be made in the case of illness, attendance at other clubs, and holidays during term time.

Please sign to say you have read and agreed to these terms:

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_