

 RECEPTION CHILDREN APPLICATION FORM

***All information on this form is confidential and will be stored in accordance with Waterton Academy Trust GDPR policies. Information can be found at:*** <https://watertonacademytrust.org/gdpr>

|  |  |
| --- | --- |
| **Name of Pre-School** |  |
| **Full name of child** |  |
| **Name by which you wish your child to****be known** |  |
| **Date of birth** |  |
| **Child’s home address** | **POST CODE:** |
| **Home tel no** |  |  |
| **Parent / Carer’s name** |  | **Work tel no:****Mobile tel no:** |
| **Parent / Carer’s name** |  | **Work tel no:****Mobile tel no:** |
| ***In an emergency, who else could be contacted e.g: relative, childminder, neighbour:-*** |
| **Name:** |  | **Tel no:** |
| **Name:** |  | **Tel no:** |
| **Is there anyone who must NOT be allowed to collect your child? Please give details:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day** | **Early Session****7.30 – 8.55** | **Late Session****3.20– 4.30** | **Late Session****3.20 – 5.30** | **Late Session** **3.20 – 6.00** |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
|  |  |  |  |  |
| I require: |  |  | ***Term time provision*** |  ***All year provision*** |
| Please ✓ |  |  |  |  |

***(Please turn form over and complete the reverse side)***

|  |  |
| --- | --- |
| **Doctors name and tel no:** |  |
| **I GIVE/DO NOT GIVE consent for staff to seek medical treatment for my child in an emergency** (please delete as appropriate)**Signed:** |
| Has your child any allergies or dietary requirements e.g. to food, animals or any other medical condition, or health problem which should be noted in case of emergency, or which could affect their activities at Pre- school? Please give details: |
| Have you or your child any special needs or does your child receive any form of extra help, eg speech therapy, physiotherapy? Please give details so we can discuss at an early stage any additional support you may require: |
| Occasionally the children are taken out for walks to the park, shops and into the school grounds for outdoor play activities. Staff and parents supervise these outings.Do you consent to your child taking part in such activities? **YES/NO** (Delete as appropriate) |
| Do you give consent for your child’s photo to be used for the following? We do not attribute names to images of children outside pre-school. **(Please sign under each box to indicate consent).** |
| Displays and photo albums in pre-school | Our website and the Academy Trust Website | Our social media and that of the Academy Trust | External media and marketing eg press releases |
|  |  |  |  |



|  |
| --- |
| **I confirm that the information given above is correct to the best of my knowledge** |
| **SIGNED:** |  | **DATE:** |  |

**Email address:**

**Where did you learn about us?**

To ensure we welcome and reach all families in the local community please would you answer the following voluntary questions? **Is your family (tick as appropriate):-**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Mixed White/Black Caribbean** |  | **African** |  | **Asian or Asian British** |  | **Chinese** |  |
| **White British** |  | **European** |  | **Black/Black British** |  | **Other** |  |
| **Parent / Carer’s occupation:** |  | **Parent / Carer’s occupation:** |  |

Please note that within our admissions policy we aim to meet the needs of families within our pre- school’s catchment areas first.

Obtaining a place in a pre-school is not a guarantee of obtaining a place in the academy at which it is situated; they have their own admission policies.

Please ensure this application is submitted in the term before your child is due to start with us.