



St Andrew's C.E. Pre-school

The sessions you are requesting:

Session	Pre-school fees	2bytwo nursery fees	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast club 7.45am-9am	£3.00	£3.00					
A.M. session 9.00am-12.00pm	£13.50	£15.00					
P.M. session 12.15pm-3.15pm	£13.50	£15.00					
After school Club 3.15pm-6pm	£8.00	£8.00					

School Dinners: £2.00 per day/£10.00 per week.

School dinner / Packed lunch / N/A PLEASE CIRCLE REQUIREMENTS

You may be entitled to a funded place the term after your child turns two – to find out if you are eligible call 0800 1950137. **ALL Children** are funded for 15hrs (5 sessions) from the term after they turn three.

Any additional sessions are charged as above table (pre-school charges apply the term after your child turns three). Daily charges are capped at **£35.00** for pre-school and **£37.50** in 2bytwo nursery if you access a full day, breakfast & after school club.

I understand that I will have to pay for all sessions booked, whether or not my child attends, and if I wish to cancel the booking I will have to give four weeks' notice in writing.

Signed: \_\_\_\_\_

Name (print): \_\_\_\_\_

Date of application: \_\_\_\_\_

Date you wish your child to start: \_\_\_\_\_

Do you give permission for your child to take part in school trips as part of their curriculum activities? This includes off site trips into the locality eg Local schools, parks, church & Library etc. YES / NO

In the event of medical treatment being required I give my permission for a named first-aider to provide basic first aid. YES / NO

I give my permission for my child to be changed if he/she needs toileting assistance. YES / NO



## Data Collection Form

### PUPIL PERSONAL INFORMATION

LEGAL SURNAME		PREFERRED SURNAME	
LEGAL FORENAME		PREFERRED FORENAME	
MIDDLE NAME(S)		GENDER	Male / Female
BIRTH CERTIFICATE SEEN?		DATE OF BIRTH:	___/___/___
HOME ADDRESS including post code			

### PARENT INFORMATION

\* Please indicate at which address(es) the pupil normally resides (i.e. sole or shared residency) using the tick box

#### MOTHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	Yes / No		
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS	HOME:		WORK:	MOBILE:	
NATIONAL INSURANCE NO					
E-MAIL ADDRESS					

#### FATHER

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		PARENTAL RESPONSIBILITY	Yes / No		
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS	HOME:		WORK:	MOBILE:	
NATIONAL INSURANCE NO					
E-MAIL ADDRESS					

If there is any other person who can be deemed a 'parent' (eg. step parent, or parent's partner) if so please provide their details below, indicating if they have 'parental responsibility', continue on a separate sheet if necessary.

TITLE		FORENAME		SURNAME	
DATE OF BIRTH		RELATIONSHIP TO CHILD		PARENTAL RESPONSIBILITY	Yes / No
HOME ADDRESS including post code	* <input type="checkbox"/>				
TELEPHONE NUMBERS	HOME:		WORK:		
	MOBILE:				

**CONTACT INFORMATION – IN PRIORITY ORDER Attach an extra sheet if necessary**

Please provide below **ANY** other names of people who can be contacted by school in emergency, underlining the main contact number.

<b>TITLE</b>		<b>FORENAME</b>		<b>SURNAME</b>	
HOME:		WORK:		MOBILE:	
<b>RELATIONSHIP TO CHILD</b>					

<b>TITLE</b>		<b>FORENAME</b>		<b>SURNAME</b>	
HOME:		WORK:		MOBILE:	
<b>RELATIONSHIP TO CHILD</b>					

Parent in Armed Forces YES/NO      Is your child Adopted YES/NO

Has your child ever been in Care of Local Authority YES/NO

**MEAL TYPE** (please circle one only)    School Meal (paid)      Free School Meal (school only)    Packed Lunch

Has your child ever been on Free School Meals? YES/NO

Any special dietary requirements \_\_\_\_\_

**MEDICAL INFORMATION – Attach an extra sheet if necessary**

<b>NAME OF DOCTOR:</b>		<b>NAME AND ADDRESS OF PRACTICE:</b>	
<b>MEDICAL CONDITIONS:</b>			

**MODE OF TRAVEL (one most often used)**    Car / Walk / Cycle    other please specify

**ETHNICITY** \_\_\_\_\_      **RELIGION** \_\_\_\_\_

**IS ENGLISH THE CHILD'S FIRST LANGUAGE?**      YES / NO

**IF NO, PLEASE INDICATE LANGUAGE SPOKEN** \_\_\_\_\_

**PREVIOUS SCHOOL / NURSERY INFORMATION – IF APPLICABLE (use extra sheet if necessary)**

Previous School, Nursery etc					
<b>From</b>	/	/	<b>To:</b>	/	/

**Do you give permission for your child's photograph to be used in school publications (including our website), Facebook, Twitter and also in the local press.**      YES/ NO

**PLEASE NOTE ANY PERSONAL INFORMATION MAY BE SHARED IN ACCORDANCE WITH DATA PROTECTION LAW**

**Signature** \_\_\_\_\_      **Date** \_\_\_\_\_

**Name (please print)** \_\_\_\_\_      **Relationship to child:** \_\_\_\_\_