

Bamford Pre-School  
Application Form

Child's Surname:.....Date of Birth:.....

Forenames:.....

Address:.....

E-mail Address (for letters home).....

Parent(s) names(s):.....

Names of person(s) who has legal responsibility for the child.....

.....

Tel Nos: (Please state who's number it is)

(Home):.....(Work).....(Mobile).....

(Work).....(Mobile).....

Alternative Tel No:(Please state who this is).....

Please give details of any allergies, disabilities, SEN and dietary requirements.....

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Name/Telephone no. of Health Visitor.....

Please tick day(s) and times he/she would like to attend;  
(We will contact you if we cannot meet your needs)

**PLEASE NOTE**  
8am and 12pm starts are only available on Tuesdays and Thursdays

3pm finishes are only available on Tuesdays and Thursdays

	START			FINISH		
	8am	9am	12pm	12pm	1pm	3pm
Mon						
Tues						
Weds						
Thurs						
Fri						

Please add any comments overleaf that you feel will help us to know your child better.

My child's immunisations are up to date    YES    NO

I give permission for plasters to be used on my child    YES    NO

I give permission for photographs to be taken of my child in pre-school to be used in learning journeys and displays    YES    NO

I give permission for photos to be used on our website, for media (occasionally) and private Facebook page    YES    NO

I agree that pre-school may take suitable medical action if I cannot be contacted    YES    NO

I give permission to share information with other settings where appropriate    YES    NO

I agree that my child may be taken out of pre-school on organised outings e.g. Nature walks; walks around the village, to the play field    YES    NO

I have read the Privacy Notice on [bamfordpreschool.co.uk](http://bamfordpreschool.co.uk) and agree to my data been held and processed    YES    NO

I have received permission to share information from every party whose details I have provided on this form    YES    NO

I give permission for my child's Next Steps planning to be displayed in preschool. (This is to ensure all staff are aware of each Key Worker's planning and to ensure the children's development and learning is supported at all times)    YES    NO

I give permission for my child's photograph to be displayed in pre-school    YES    NO

I give permission for pre-school staff to contact me from their personal phone number in the event of a pre-school closure, e.g. snow day    YES    NO

Please speak to a member of pre-school staff if you require any further information.

Signed.....

Date.....