

Start date;		
Key Worker		

Name of child						•••
Date of birth	•••••	• • • • • • • • • • • • • • • • • • • •	•••••			•••
Home Address						
Postcode	• • • • • • • • • • • • • • • • • • • •	•••••				••••
Please circle child's gender:	Boy	Girl	Nonspecific			
Childs nationality						
Childs place of birth						.
Childs ethnicity	•••••	•••••			•••••	· • • • • •
Parent/guardian details:						
Name	••••••	• • • • • • • • • • • • • • • • • • • •	•••••••••	• • • • • • • • • • • • • • • • • • • •	••••••	•••
Relationship to child	• • • • • • • • • • • • • • • • • • • •	•••••	•••••	••••••	• • • • • • • • • • • • • • • • • • • •	•••
Address	• • • • • • • • • • • • • • • • • • • •	••••••	•••••		••••••	· • • •
Postcode	•••••	•••••	••••••	•••••		••
Contact Number	•••••	• • • • • • • • • • • • • • • • • • • •		•••••		•••
Personal email address	•••••	••••••				••••
Parent/guardian details: Does th	his person ha	ve parenta	l responsibility? Yes /	No		
Name	••••••	•••••				· • • • •
Relationship to child	•••••	•••••	•••••	•••••	•••••	•••
Address	•••••	• • • • • • • • • • • • • • • • • • • •	•••••	•••••		•••••
Postcode	• • • • • • • • • • • • • • • • • • • •	•••••		• • • • • • • • • • • • • • • • • • • •	•••••	• • • • •
Contact Number	•••••	•••••		•••••	•••••	••••
Personal email address						

Parent/guardian details: Does this person have parental responsibility? Yes / No

A mother automatically has parental responsibility for her child from birth.

A father usually has parental responsibility if he's either; married to the child's mother or listed on the birth certificate.

For further information go to www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility

Days and sessions required:

Please tick which days and sessions are required for a place at Preschool.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning wrap					
around care.					
8.00am – 8.30am					
Morning session.					
8.45am – 11.45am					
Morning session and a packed lunch. 8.45am - 12.45pm					
Morning session and a cooked lunch 8.45am -					
12.45pm Afternoon					
session. 12.15pm – 3.15pm					
Full day with packed lunch 8.30am – 2.30pm					
Full day with hot lunch 8.30am – 2.30pm					
30-minute wrap					
around care. 2.30pm- 3.00pm					
45-minute wrap around care. 2.30pm-3.15pm					
Late pickup with snack 3.15pm-3.45pm					

Ctort	data			
Juait	uale	 	 	

Please inform the setting which, if any, funding you will be claiming for your child:

- 2-year-old entitlement for families meeting criteria. A letter of confirmation of entitlement will be required at registration. For more information email: 2help@warwickshire.gov.uk
- 30 hours funded childcare from the term after a child turns 9 months old visit www.childcarechoices.gov.uk
- o Universal nursery education funding for all children the term after their 3rd birthday

Parents name
Parents National Insurance number
Eligibility code for 30 hour funding
Tax Free Childcare Reference

- ❖ A passport or Birth certificate must be shown when application is delivered to the setting.
- ❖ £10 administration charge is required to secure any privately paid sessions.
- * A £40 refundable deposit is required to secure any privately paid sessions.

If you wish to pay by bank transfer, our bank details are as follows;

Coten End Preschool: Acct number: 61372017 Sort code: 40-45-25

For the reference, please use your childs name as reference.

If you wish to pay by cash, call into the setting where a written receipt can be obtained.

Medical information

Has your child any allergies? Yes No					
If they have, please state what the allergy is to					
NB: A Health Care Plan and Risk Assessment will require completion, prior to you child starting at the setting.					
Does your child suffer with any of the following medical conditions? Epilepsy Diabetes Sickle cell disease NB: A Health Care Plan and Risk Assessment will require completion, prior to your child starting at the setting.					
Asthma					
It is a legal requirement that an inhaler is always on the premises. NB: A Health Care Plan and Risk Assessment will require completion, prior to your child starting at the setting.					
Does your child suffer with any other medical condition not mentioned on this form already? • Yes • No					
If yes, please provide details					

Child Development

Are there any Health Care agencies involved in your child's care presently?
Please specify which external agencies are involved e.g. Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc.
Will your child require extra support, whilst at preschool?

For office use only:	Administration fee £10 Date paid:	Refundable deposit £40 Date paid:
		Date deposit refunded: Credited to first invoice:
Date application received:	Confirmation of receipt of application form:	Start Date:
	Email date:	
Proof of child's ID:	Date received:	Recorded by:
Passport	Birth Certificate	
Date left:	Reason for leaving:	