



# BROOKSIDE PRE-SCHOOL

Manager Sharon Sumner  
☎ 01252 542348

## Application Form

Full Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Boy / Girl \_\_\_\_\_

### Primary Parent(s) / Guardian(s) Contact & Address Details

Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Full Address \_\_\_\_\_  
Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_ Other \_\_\_\_\_

### Other Parent(s) / Guardian(s) Contact & Address Details

Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Full Address \_\_\_\_\_  
Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_ Other \_\_\_\_\_

### Emergency Contact Details

Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Phone \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_ Other \_\_\_\_\_

### What Other Children Are There In The Family?

Name \_\_\_\_\_ Boy / Girl \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Boy / Girl \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Boy / Girl \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Boy / Girl \_\_\_\_\_ Age \_\_\_\_\_

Is There Any Person Who Is Legally Denied Access To This Child? \_\_\_\_\_  
Please Give Details \_\_\_\_\_

Doctors name \_\_\_\_\_  
Surgery Address \_\_\_\_\_  
Phone \_\_\_\_\_

Has Your Child Been Immunized? \_\_\_\_\_  
Does Your Child Suffer From Any Illnesses Or Allergies That We Should Know Of? \_\_\_\_\_  
Please Give Details \_\_\_\_\_

Does Your Child Have Any Special Needs? \_\_\_\_\_ Have These Been Formally Recognized? \_\_\_\_\_  
Please Give Details \_\_\_\_\_

Please Indicate Below Your Child's Ethnic Origin

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Asian – Bangladeshi        | <input type="checkbox"/> Asian – Indian              | <input type="checkbox"/> Asian – Mirpuri Pakistani  | <input type="checkbox"/> Asian – Other Pakistani |
| <input type="checkbox"/> Asian – Other              | <input type="checkbox"/> Black – Caribbean           | <input type="checkbox"/> Black – African            | <input type="checkbox"/> Black – Other           |
| <input type="checkbox"/> Chinese                    | <input type="checkbox"/> Mixed – White/Black African | <input type="checkbox"/> Mixed – White/Black Caribb | <input type="checkbox"/> Mixed – White/Asian     |
| <input type="checkbox"/> Other Mixed Race           | <input type="checkbox"/> White – British             | <input type="checkbox"/> White – Irish              | <input type="checkbox"/> White – Other           |
| <input type="checkbox"/> Traveller – Irish Heritage | <input type="checkbox"/> Nepalese                    | <input type="checkbox"/> Any Other Ethnic Group     | <input type="checkbox"/> Prefer Not To State     |

## **Brookside Pre - School Conditions of Acceptance**

*Please read this carefully - In signing it you are committing yourself to these conditions*

1. Fees are payable for the sessions that your child is registered for, in advance, at the beginning of each half-term. Any sessions that your child does not attend, regardless of illness or personal holidays, are still liable for payment. If you have difficulty paying for a whole half-term in advance it is possible to arrange to pay by installments by speaking to the Pre-school manager.
2. A non-refundable deposit of £50 is required to secure your child's place at Pre-School. This will be deducted from your child's last term's fees.
3. You will be required to produce your Child's birth certificate to verify their date of birth.
4. At the beginning, and at other times, you will receive a newsletter. Please keep these newsletters as they will let you know about term times, and important dates and events.
5. Times of sessions are as follows: Morning - 9.15am – 12.15pm; All Day (Wraparound) – 9.15am – 2.30pm (you will need to provide your child with a packed lunch if they are staying all day).
6. We will not let any child leave Pre- school with anyone other than their parent or guardian unless we are instructed to before the end of the session. Parents must keep the manager informed of any relevant change in circumstances of the child, especially in relation to the information overleaf.
7. If a child has an accident, the manager, or staff, will make every effort to contact the child's parent or guardian. Please make sure Pre-school is kept up to date with your contact details. If it is not possible to contact a parent or guardian, Pre-school staff will undertake any emergency treatment required, including taking the child to hospital.

**I agree to the above conditions and declare that the information overleaf is correct at the date of signing.**

Name .....

Signed .....

Date.....

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**STAFF USE ONLY**

The Manager has seen the child's birth certificate to confirm date of birth

Name of Manager ..... Signed .....

Start Date / Notes .....  
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