



Mulberry Court Pre-School Application Form

Wymering Methodist Church Centre, Sixth Ave, Cosham, PO6 3PD

Telephone: 07902 647500 Email: mulberrycourtpreschool@gmail.com

Website: www.mulberrycourtpreschool.co.uk

Full Name of Child:

Start Date:

Childs preferred name to be used in pre-school:

Date of Birth	Age	Male/Female	Religion
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Copy of Birth certificate attached		Date:
Copy of Utility Bill attached		Date:
Copy of 2 year funding letter attached or confirmation of code		Date:
30 hour funding code (if applicable)		

Ethnicity of child – Please tick

- | | |
|--|--|
| <ul style="list-style-type: none"> • Asian or Asian British • Pakistani • Bangladesi • Any other Asian background | <ul style="list-style-type: none"> * Chinese * Any other Ethnic group * Traveller or Irish Heritage |
| <ul style="list-style-type: none"> • Black or black British • Black Caribbean • Black African • Any other Black background | <ul style="list-style-type: none"> * Gypsy/Roma |
| <ul style="list-style-type: none"> • White British • White Irish • Any other white background | <ul style="list-style-type: none"> *Mixed/Dual background *White and Black Caribbean *White and Black African * Any other mixed background |
| <ul style="list-style-type: none"> • Refused | |

Childs first spoken language:

Any second language:

COLLECTION PASSWORD: - Each person who collects your child will need to know this password.

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Sessions required – please tick box

	9-12pm	9-2pm
Monday		
Tuesday		
Thursday		
Friday		

If parents live separately, please complete both sections

Address 1	Address 2
Post code	Post code
Home Telephone number	Home Telephone number
Mobile number	Mobile number
Email address	Email address

Mother/Carer 1 Contact Details

Title	Forname	Surname

Work Details

Company	
Address	
Work telephone number	



Father/Carer 2 details

Title	Forname	Surname

Work details

Company	
Address	
Work Telephone Number	

Who has parental responsibility for the child? (if both parents please write both parents names)

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Emergency Contacts: Please give three names and telephone numbers to be contacted in the event of an emergency if the parents cannot be reached.

Name of Person	Contact number	Relationship to child

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	Doctor	Health Visitor	Dentist
Name:			
Address:			
Telephone Number:			

Has your child had a 2 year old review with your Health Visitor?.....

Immunisation/Illness record

Immunisation:	Date:	Illness: (please tick and give approximate date if your child has had any of these illnesses)	Date:
MMR		Chicken Pox	
Whooping Cough		Scarlet Fever	
Tetanus		German Measles	
Meningitis C		Measles	
Hib		Whooping Cough	
Diphtheria		Polio	
Poliomyelitis		Diphtheria	
Other – please specify		Other – please specify	

Dietary Requirements

Please tick any relevant boxes and give details below;

Vegetarian Or vegan		No Additives		No sugar	
Dairy Intolerant		Wheat Intolerant		Gluten Intolerant	
Nut allergy		Suspected Allergy		Other	
Details:					



Medical/Special Needs Requirements

Please tick relevant boxes and give details

Asthma		Eczema		Diabetes	
Colic		Constipation		Allergy to products	
Speech difficulties		Hearing difficulties		Other (please specify below)	
Details					

Permissions (please circle your answer)

I give permission for my child to be photographed within the setting for observational use.	YES	NO
I give permission for pictures of my child to appear on the pre-schools parents closed facebook page.	YES	NO
I give permission for observations to be written about my child for progress records by staff and students.	YES	NO
I give permission for my child to be changed if they are in nappies/pull ups or if their clothes become wet or soiled.	YES	NO
I give permission for adhesive dressings to be applied to my child, if necessary and for their temperature to be taken.	YES	NO
I give permission for my child to be taken out of the pre-school to take part in local visits around the area.	YES	NO
I give permission for my child to take part in food tasting within the pre-school.	YES	NO
I give permission for a member of the pre-school staff to apply factor 40 (or above) sunscreen onto my child should this be necessary.	YES	NO

I give permission for an ambulance to be called, if necessary, and anaesthetic to be administered if I am not present. There is no known allergy to anaesthetic.	YES	NO
Signed..... Parent/Carer		

Is this child a 'Looked After Child'? (ie; In the care of a foster family)	YES	NO
Is there Social Care involvement with your family?	YES	NO
If yes to either, the named Social worker is.....		
Telephone Number.....		



Please supply any other information that may be beneficial to the pre-school concerning your child;

Please supply the names of relatives/friends that live in your house and their relationship to the child:

Please complete the attached 'Starting points' form. This form will be placed in your child's learning journey and will provide their keyperson with an insight into your child when they first start at pre-school.

Please complete the attached 'Inter-agency parental consent' form – During the time your child is at the pre-school we may need to speak to other professionals to seek advice or support to offer the best care and opportunities to your child. We need to have your permission to do this.

Declaration

- I would like my child to be given a place at Mulberry Court pre-school.
- I have completed the application form and understand that I MUST inform the pre-school of any changes to it immediately.
- I agree to pay any fees that apply in accordance with the pre-school payment policy. I agree to pay the amount invoiced by the half term date stated on the invoice. I agree to give one month's paid notice (if I pay for sessions) if I decide I no longer require my child to attend Mulberry Court Pre-school.
- I am aware that the settings policies and procedures are available to read in the setting and on the pre-school website: www.mulberrycourtpreschool.co.uk and agree to read them at my convenience before my child's agreed start date.

Signed (Parent/Legal Guardian).....

Print Name.....

Date.....



Pre-school Manager Signature.....

Print Name.....

Date.....

Further information required – Please delete as necessary

Does your child attend any other pre-school or nursery at this time?

YES

NO

If yes, name of other setting.....

Will your child still be attending this setting as well as Mulberry Court Pre-school?

YES

NO

Did you visit any other pre-schools or nurseries other than Mulberry Court when looking for a place for your child?

YES

NO

Can you tell us what made you decide to enrol your child at Mulberry Court pre-school?

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Thankyou.



MULBERRY COURT PRE-SCHOOL – PAYMENT POLICY

Mulberry Court pre-school does not ask parents/carers for administration fees or deposits when they join our pre-school as we rely on our parents/carers to honour our payment policy as written below.....

If you choose to take your child home once a session has started, the pre-school session still has to be paid for in full. If at any time you decide to cancel your child's place at the pre-school for any reason, you must give ONE MONTHS PAID NOTICE in term time. This applies to both funded children (who pay for extra sessions) and non-funded children (who pay for all their sessions). If you are late picking up, a charge of £2.50 per 15 minutes will be charged.

Payments may be made via BACS or by cash. If you wish to pay by BACS please ask for the pre-school account number and sort code. Cash payments made to pre-school need to be in a sealed envelope with your child's name, amount enclosed and what the money is paying for (eg sessions they are attending) written clearly on the front of it. Cash payments must be handed to the Pre-school manager or the deputy manager.

All invoices are to be paid promptly unless an arrangement has been made with the pre-school manager. If invoices cannot be paid in full at the beginning of the term, the pre-school asks that all fees are paid weekly or monthly. ALL FEES MUST BE PAID IN FULL BY THE END OF THE HALF TERM, AS INDICATED ON THE INVOICE.

If fees remain unpaid and monies owing to the pre-school accumulate to a period of 1 months after the due date, it is our policy to inform parents that their child will not be able to attend the pre-school until their fees are paid in full. In certain circumstances a payment plan may be set up. This is at the managers discretion.

Signed.....

Dated.....