

Dorchester Preschool

Preschool Application Form And Parent Contract

Manor farm Road, Dorchester on Thames, Ox10 7HR

Telephone: 01865 341805

E-mail: manager@dorchesterpreschool.co.uk

Ofsted Number: 134311

The General Data Protection Regulation: This information is required under Consent you are giving us clear consent to process your personal data for a specific purpose, consent can be withdrawn at any time. The Legal Obligation so that we can comply with the legally requested information for Early Years Foundation Stage Requirements (3.72) and the Vital interests base in that the process necessary to protect someone's life.

Dorchester Preschool Application Form

Please complete the following information.

Name of child:	Address:
Date of birth:	Religion:
Ethnic origin:	Gender: Male/Female/ Rather not state
Language spoken at Home:	Second language:
Parent (1):	
Title and Name:	
Address:	
Postcode:	
Home telephone number:	
Work telephone number:	
Mobile telephone number:	
E-mail address:	
Parent Occupation/interests:	
Parent (2):	
Title and Name:	
Address:	
Postcode:	
Home telephone number:	
Work telephone number:	
Mobile telephone number:	
E-mail address:	

Parent Occupation/interests:	
Is parent (1) a legal guardian of this child? Yes No Is parent (2) a legal guardian of this child? Yes No	
Details of Emergency contact and persons authorised to please provide following details Please provide 2 people	
Title and Name:	Title and Name:
Relationship to child:	Relationship to child:
Address:	Address:
Home telephone number:	Home telephone number:
Work telephone number:	Work telephone number:
Mobile telephone number:	Mobile telephone number:
Password known only to parents, Pre-School and authorised persons collecting:	Password known only to parents, Pre-School and authorised persons
Details of any previous childcare setting attended:	
Name and address of setting:	
Additional information:	
Doctor's name:	
Address of surgery:	
Telephone number:	
Details/dates of immunisations:	

<u>Dentist</u>
Dentist's Name:
Address of surgery:
Telephone number
Last visit:
Health visitor:
Name:
Telephone number
Social worker:
Name:
Telephone number
[
Any known special dietary requirements/food allergies:
Any known medical conditions:
How to treat your child's medical condition:
Any known allergies to medication:

Any known special e	educat	ional needs:					
Does your child have	e an E	СНР:					
Is your child current please give details:	ly see	ing any other s	specialist, eg.	speech t	herapist, occupation	onal th	nerapist etc. If so
Any other important	inforr	nation:					
Details of start dates/ Please tick below to i			ou wish you	child to	start.		
Autumn Term (Sept	to	Spring Term March)	(Jan to	Summer Term (April to July)		Year	
						20	
Please complete belo received we will try to offered.		-	-			•	
Day	AM	9-12pm	Lunch 12	-1pm	PM 1-3pm		Day 9-3pm
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Do you work 16 hours Does your partner wo	ork 16	hours or more	per week and	d earn les	s than £100,000? Y	es/No	

Yes/No

Clothing, Equipment and Permissions

Permission to screen for language development.

Permission to change your child's nappy (if applicable).	Yes/No
Permission to change your child after an accident.	Yes/No
Permission to apply sun cream (cream to be provided by parent).	Yes/No
Permission for face paints to be used on your child.	Yes/No
Permission to use plasters if necessary.	Yes/No
Permission for photos to be displayed on the website.	Yes/No
Permission for photos to be used on Dorchester Facebook page	Yes/No
Permission for photos to be displayed in local paper.	Yes/No
Permission for photos to be used on Preschool display boards	Yes/No
Permission for photos to be used in	Yes/No
Preschool on line learning journals	Yes/No
Permission for photos to be used in Preschool adverts.	Yes/No
Permission for video footage (nursery use only).	Yes/No
Permission to take part in cooking activities.	Yes/No
Permission to play on outdoor equipment.	Yes/No
Permission to attend our Willow Garden Area.	Yes/No
Permission to assess appropriate educational internet sites. with adult support.	Yes/No

Permission allowing a member of staff to take their child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that you have been informed and are on their way to the hospital. If would only be used in an emergency if no other contacts can be reached. Yes/No

Permission for visits etc.

During the year we may visit places of interest: For example, local shops/library/markets/post office/church, etc.	Yes/No
Signed (Parent/Guardian 1):	Date
Signed (Parent/Guardian 2)	Date

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Childcare terms and conditions

Dorchester Preschool Terms and Conditions

The document and the terms and conditions within it govern the basis on which Dorchester Preschool (referred to here as ['we' / 'our' / 'us']) agree to provide childcare services to parent(s)/guardian(s) (referred to as 'you').

Only a parent/guardian with parental responsibility for a child can register that child for a childcare place with us. We will ask to see your child's birth certificate, or other relevant documentation, to confirm that you have parental responsibility for the child as part of our registration process.

Commencement date of agreement:
Review date:
Expiry date of agreement:
Manager signature:
Manager name:
Parental signature
Parent's name:
Our details:
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