

Little Roo's Pre-School Ltd Application Form

Main Emergency Contact Number:

Child's Details

We need some details about your child and family. We have a legal obligation to collect and process this information in Accordance with The Early Year Foundation Stage (Welfare requirements) Regulations 2012 and therefore we do not require your consent for the first section of this form. Where information to be supplied is voluntary or where we do need consent this is identified. The information provided will be kept in paper form and used for the purpose of maintaining appropriate contact.

Please tick as appropriate		Forename	Surname	Date of Birth
Male	Female			

TO CLAIM NURSERY EDUCATION FUNDING THE FIRST TERM AFTER YOUR CHILD'S 3RD BIRTHDAY WE ARE REQUIRED TO SEE THEIR ORIGINAL BIRTH CERTIFICATE.

<p style="text-align: center; font-weight: bold;">Address</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p style="text-align: center; font-size: small;">Post Code</p>	<p>Allergy</p> <p>Allergy Details</p>	<p style="text-align: center; font-weight: bold;">Allergies</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>Doctor</p> <p>Health Visitor</p> <p>Address</p> <p>Tel No.</p>	<p style="text-align: center; font-weight: bold;">Doctor</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p style="text-align: center; font-weight: bold;">Vaccinations</p> <ul style="list-style-type: none"> <input type="checkbox"/> Diphtheria <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Polio <input type="checkbox"/> Measles <input type="checkbox"/> Tetanus <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hib. Meningitis <input type="checkbox"/> Meningitis B/C/D <input type="checkbox"/> Rota Virus <input type="checkbox"/> Influenza
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DATE OF LAST TETANUS VAC:

Dietary Requirements

- None
- No milk
- No eggs
- Vegetarian

Other (please specify)

Medication Details

- None

Please give details of any medication your child takes. (Complete medical form)

Special Needs

- None

Please give details if your child has special needs, including medical needs.

Cultural or Religious celebrations

- None

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Information re:
Parent/s or Carer/s

Name	Address*	Relationship to Child	Home ☎No.	Work ☎No.	Mobile ☎No.	Email Address
Parental Responsibility YES/NO (please delete)						
Parental Responsibility YES/NO (please delete)						

Emergency contact details:

Please provide the names and contact details of 2 people (other than parents/guardians) who we can contact in case of an emergency. Persons authorised to collect the child. This is any other adult who may collect your child in your absence. Authorised persons must be over 18years of age.

Name	Address	Relationship to Child	Home ☎Number	Work ☎Number	Mobile ☎Number

Note: It is your responsibility to ensure these people are happy for us to contact them and to hold their details.

A password system operates in our setting. A secure password is required and should be used by emergency contacts and persons authorised to collect you child. Ideally this should be one word and something that is easily rememberable. Please do not use obvious things such as middle names. The password is required from anyone collecting your child. If they do not have the password we will not release your child to them.

Collection Password

Little Roo's 1
 Dock Road.
 Days required (Please tick which sessions you require)

	Monday	Tuesday	Wednesday	Thursday	Friday
9.30am-12.30pm					
9.30am-3.30pm					
12.30pm-3.30pm					

Little Roo's 2
 Bradleigh Avenue.
 Days required (Please tick which sessions you require)

	Monday	Tuesday	Wednesday	Thursday	Friday
8.30am-1pm					
9am-12pm					
12:30pm-3:30pm					
1pm-4pm					

STARTING DATE REQUIRED...../...../.....

Are you receiving 2 year old funding

Ref.....

3 year old funding

Birth Certificate Number.....

30 hour funding

Ref.....

38 wks

50 wks

**Little Roo's Pre School Ltd
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I have read and understood the information contained in the prospectus and the terms and conditions of Little Roo's and agreed to wholly abide by them.

I understand that this is a legally binding contract. This contract must be signed by all parties who have parental responsibilities for the child.

Name (please print) Relationship to Child
(Mother/Father/Guardian)

Signed Date

Name (please print) Relationship to Child
(Mother/Father/Guardian)

Signed Date

*Please Note: **NO** alterations can be made to this application form without the **WRITTEN** authorisation of the above signatories.

We do not have the right to withhold information from either parent without written evidence of legal intervention.

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Parents Consent Form

The following section contains information for which we need your consent. As required by data protection we have a duty to inform you that you can withdraw this consent for any of the permissions detailed at any time. Should you wish to withdraw consent please discuss with a member of staff in the first instance

Emergency Consent:

If emergency treatment is required, either whilst your child is on the premises or on an outing, (for the duration of your child's time with us) and the parents or legal guardians cannot be reached immediately, your signature in the space provided below empowers the setting management to exercise their own judgement in calling a doctor/dentist indicated above or to transport the child to a hospital casualty department by ambulance. Please read and fill in the declaration below, cross out the statement/wording that does not apply. And sign and date this section.

<p>I/We parent(s)/guardian(s) of..... do/do not give consent on my/our behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.</p> <p>I/We do not agree to this statement and indicate our wishes as follows</p> <p>Signature of parent(s) Date:</p>

* I do / do not give permission for my child to be taken off the premises for outings.

* I do / do not give permission for my child for my child to be included in any photographs taken for *pre-school use and *student use.

* I do / do not give permission for my child for my child to be included in any photographs taken for the use of publicity such as local newspapers.

* I do / do not give permission for pre-school staff to apply sunscreen to my child as appropriate.

* I do / do not give permission for pre-school staff to visually examine my child should they have any concerns.

* I do / do not give permission for pre-school staff to check my child's hair for head lice.

Child's Name (please print).....

Parents Name (please print).....

Parents Signature..... Date...../...../.....

Relationship to child (please tick)

Mother Father Legal Guardian

WHITE	ASIAN OR ASIAN BRITISH
1. BRITISH A) <input type="checkbox"/> English B) <input type="checkbox"/> Scottish C) <input type="checkbox"/> Welsh D) <input type="checkbox"/> Other White British	9. <input type="checkbox"/> INDIAN 10. <input type="checkbox"/> PAKISTANI 11. <input type="checkbox"/> BANGLADESHI 12. <input type="checkbox"/> ANY OTHER ASIAN BACKGROUND <i>(Other Asian not represented in the categories above including East African Asian, Kashmiri, Sinhalese, South African Asian, Sri Lankan Tamil)</i>
2. IRISH A) <input type="checkbox"/> Irish B) <input type="checkbox"/> Traveller of Irish Heritage	BLACK OR BLACK BRITISH
3. <input type="checkbox"/> GYPSY / ROMA	13. <input type="checkbox"/> CARIBBEAN <i>(Including Antigua and Barbuda, Bahamas, Barbados, Dominica, Grenada, Guyana, Jamaica, St Kitts And Nevis, St Lucia, St Vincent and Grenadines, Trinidad and Tobago)</i>
4. ANY OTHER WHITE BACKGROUND A) <input type="checkbox"/> Albanian (excluding Kosovan) B) <input type="checkbox"/> Bosnian-Herzegovina C) <input type="checkbox"/> Croatian D) <input type="checkbox"/> Greek/Greek Cypriot E) <input type="checkbox"/> Kosovan F) <input type="checkbox"/> Serbian. Yugoslavian G) <input type="checkbox"/> Turkish/Turkish Cypriot H) <input type="checkbox"/> White Eastern European <i>(Including Bulgarian, Czech, Latvian, Lithuanian, Polish, Rumanian, Russian, Slovak, Ukrainian)</i> I) <input type="checkbox"/> White Western European <i>(Including French, German, Italian, Spanish, Portuguese, Scandinavian)</i> J) <input type="checkbox"/> White Other <i>(Any other white background not Represented in the categories above)</i>	14. <input type="checkbox"/> AFRICAN <i>(Including Angolan, Black South African, Congolese, Ethiopian, Ghanaian, Nigerian, Rwandan, Sierra Leonian, Somali, Sudanese, Ugandan, Zimbabwean)</i>
MIXED / DUAL BACKGROUND	15. <input type="checkbox"/> ANY OTHER BLACK BACKGROUND <i>(Any other Black background not Represented in the categories above Including Black European, Black North American, Black Canadian)</i>
5. <input type="checkbox"/> WHITE AND BLACK CARIBBEAN 6. <input type="checkbox"/> WHITE AND BLACK AFRICAN 7. <input type="checkbox"/> WHITE AND ASIAN <i>(Including White and Bangladeshi, White and Pakistani, White and any other background)</i>	CHINESE
8. ANY OTHER MIXED BACKGROUND A) <input type="checkbox"/> White and any other ethnic group B) <input type="checkbox"/> Other mixed background <i>(Any other mixed background not Represented in the categories above Including Asian and Black, Asian and Chinese, Asian and any other ethnic Group, Black and Chinese, Black and Any other ethnic group, Chinese And any other ethnic group)</i>	16. CHINESE A) <input type="checkbox"/> Hong Kong Chinese B) <input type="checkbox"/> Other Chinese <i>(Any other Chinese background not represented in the categories above including Malaysian Chinese, Singaporean Chinese, Taiwanese)</i>
	ANY OTHER ETHNIC GROUP
	17. ANY OTHER ETHNIC GROUP A) <input type="checkbox"/> Afghanistani B) <input type="checkbox"/> Filipino C) <input type="checkbox"/> Thai D) <input type="checkbox"/> Vietnamese E) <input type="checkbox"/> Any other ethnic group <i>(Any other ethnic background not represented in the categories above including Egyptian, Iranian, Iraqi, Japanese, Jordanian, Korean, Kuwaiti, Kurdish, Latin/South/Central American, Lebanese, Libyan, Malay, Moroccan, Palestinian, Polynesian, Saudi Arabian, Yemini)</i>
<input type="checkbox"/> <u>I DO NOT WISH AN ETHNIC BACKGROUND CATEGORY TO BE RECORDED</u>	
Signature of Parent / Guardian Date	
Name of Child	

All information will be kept strictly confidential and held by your setting and Thurrock Council only. No details will be passed to any other agencies or organisations without prior consent.