Child’s Name………………………………………………………………….Date of Birth……………………….

Address……………………………………………………………………………Telephone ………………………..

……………………………………………………………………………………………………………………………………

Ethnicity………………………………………………………………………. Home language……………………

Email address.…………………………………………………………………………………………………………….

Family Doctor..…………………………………………………………………..Telephone………………………

Emergency Contact Number....…………………………………………………………………………………..

Does your child have any special requirements such as allergies or illnesses we need to be aware of…………………………………………………………………………………………………………..

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**You will need to bring your child’s birth certificate when you visit us.**

From the term following your child’s third birthday, your child is entitled to 570 hours per year FREE ENTITLEMENT, this equates to 15 hours each week and we run for 38 weeks per year. The Rowans preschool is able to offer the 15 hours each week totally free with no wrap around charge or top up.

The morning sessions run from 9.00 to 12.00 Monday to Friday, the afternoon session run from 12.15 to 3.15pm Monday to Friday, term time only. Days are negotiable but we would expect a child to attend a minimum of two sessions per week. Preferred sessions (please tick boxes)

Morning sessions

Monday Tuesday Wednesday Thursday Friday

[ ] [ ] [ ] [ ] [ ]

Afternoon session

Monday Tuesday Wednesday Thursday Friday

[ ] [ ] [ ] [ ] [ ]

Have you registered your child with a state nursery YES/NO?

If yes when do you anticipate a place being offered……………………………………………………

Preferred date of entry to The Rowans Pre-school……………………………………………..

Please place my child on the waiting list. I accept the following conditions

1. **I understand that six weeks written notice is required to the Manager**, of the departure of my child from the preschool at the end of the term and that failure to give this notice will render me liable for six week fees for the following term. This applies even if your child receives local authority funding.
2. For non-funded children the fee structure is £5 per hour or £15 pound per three hour session. I undertake to pay fees half termly in advance and understand that, if payment is outstanding for more than ten days my child could lose their place at the preschool. (This obviously does not apply to funded children). Fees still apply if your child is ill, or you go on holiday as the hours are still allocated for your child.
3. In the event of my child being injured in any way I authorise a qualified first aider to administer first aid in accordance with the nurseries first aid policy. To call an ambulance if deemed necessary and notify the parent or carer.
4. Whilst every effort is made to ensure the safety of your child, individual members of staff cannot be held responsible for any accident attributable to attendance at The Rowans Pre-school.

Parent/Carers signature……………………………………………………………………………………………..

Date…………………………….

Please return this form to

Mrs C Hodgson

The Rowans Pre-school

The Rowans and Sycamores Children’s Centre

Pondmoor Road

Bracknell

Rg12 7JZ

Telephone 07729928393

E-mail: [info@rectorylanenursery.com](mailto:info@rectorylanenursery.com)