Child’s Full Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Identifies as: (Gender) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Mother or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Father or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number - Home/ Mobile/ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home language (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any medical, communication, physical or behavioural/emotional needs?

 Yes / No

If yes please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any foods or drinks that your child should not have? Yes / No

If yes please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any other allergies or intolerances? Yes / No

If yes please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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. We are also able to offer eligible working parents 30 hours funding after your child’s third birthday. This equates to 1140 hours per year Free entitlement with no wrap around fee.

The morning sessions are Monday to Friday from 9:00am to 12:00pm, the afternoon sessions are from 12:00pm to 3:00pm (all day sessions are available), term time only. Days are negotiable but we would expect a child to attend a minimum of two sessions (on two different days) per week.

Preferred sessions (please tick boxes)

**Morning Sessions:**

Monday Tuesday Wednesday Thursday Friday

 [ ] [ ] [ ] [ ] [ ]

**Afternoon Sessions:**

Monday Tuesday Wednesday Thursday Friday

 [ ] [ ] [ ] [ ] [ ]

Preferred date of entry to The Rowans Preschool: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you registered your child with a state nursery? Yes / No

If yes - What is the name of the nursery and when do you anticipate a place being offered?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 nursery at the end of the term and that failure to give this notice will render me liable for six weeks fees for the following term. This applies even if your child receives local authority funding.
2. For non-funded children the fee structure is £6:50 per hour or £19:50 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 nursery. (This obviously does not apply to funded children). Fees still apply if your child is ill, you go on holiday or are absent for any reason, 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. I agree to my child’s photograph/video being taken to use in the Developmental Learning records, the Nursery scrapbook, newspaper articles, social media and at parents’ and training events.
5. 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 Preschool.

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

**Parent/Carer’s signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form to

Mrs C Hodgson

The Rowans Preschool

The Rowans and Sycamores Children’s Centre

Pond Moor Road

Bracknell

RG12 7JZ

07729928393