A picture containing text, clipart

Description automatically generatedAldbourne Preschool

Application Form 2024-2025

Please complete all sections of the form.

|  |  |
| --- | --- |
| Surname | First name |
| Date of birth | Languages spoken |
| Address  Postcode | |
| Email Address | |
| Parent/Carer name (1) | |
| Relationship to child | |
| Home tel. no | Work no |
| Mobile no | Emergency no |
| Parent/Carer name (2) | |
| Relationship to child | |
| Home tel. no | Work no |
| Mobile no | Emergency no |
| In the unlikely event that staff cannot contact you in an emergency please sign to consent to emergency medical treatment which in the opinion of a qualified medical practitioner is necessary for your child.  Parent/Guardian signature | |
| Doctors name | Doctors tel. no |
| Health visitor | Health visitor tel. no |
| Immunisations (tick relevant)  MMR Polio Hib | |
| Any significant health issues including special educational needs/physical disability/allergies | |
| Please give names of persons authorised to collect your child(include contact number) | |
| Please name any person not allowed to collect your child. Please supply photo if possible | |
| We are required to follow the Wiltshire Social Service guidelines on Child Protection and will, if concerned about any child in our care, follow the procedures laid down. Please sign below to indicate you understand the information and agree to the above.  Parent/Guardian signature | |
| We are also required to obtain your permission to take photographs of your child for use only within the setting, and to be able to take children out of the setting for walks/visits within the local environment. Please sign below to indicate you understand the information and agree to the above.  Parent/Guardian signature | |
| **PRIVACY NOTICE**  At Aldbourne Pre-school we take our privacy responsibilities seriously and as such we will only use your personal information to manage our responsibilities towards your child – all personal information will only be used in accordance with this goal. From time to time, we will need to get in touch with you, either via email, letter or telephone, to update you about the nursery, any generic developments and to inform you of any issues relating to your child’s health and wellbeing. We will manage this data in a professional, ethical and secure way to maintain the integrity of our records – so that we can run the nursery accordingly. Personally Identifiable Information will not be shared with ANY third parties. Only authorised staff can access your secured personal information. Please can you confirm that you have read and understood the above privacy statement and as such give us the consent required to contact you regarding matters as highlighted above.  I consent | |

Please indicate which sessions you would prefer. Sessions will be allocated in the spring term and you will be informed by Monday 3rd June 2024. If you have any queries, please view our admissions policy on-line or contact [caroline@aldbournepreschool.com](mailto:caroline@aldbournepreschool.com). **Please note that completion of this form does not guarantee a place for your child**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | All day | 9am – 12noon | 9am – 1pm | 12noon – 3pm | 1pm – 3pm |
| Monday |  |  |  |  |  |
| Tuesday |  |  |  |  |  |
| Wednesday |  |  |  |  |  |
| Thursday |  |  |  |  |  |
| Friday |  |  |  |  |  |