|  |  |  |
| --- | --- | --- |
|  | **ST ANDREWS PRE-SCHOOL REGISTRATION FORM**  **(please complete in BLOCK letters)** |  |

We have an intake in September, January and April (subject to availability) and we accept children from the age of 2 years 6 months to 5 years.

Which academic **year and term** do you wish your child to join our Pre-school?

………………………………………………………………………………………………………………………………………………………………….…….

Your required/Preferred Sessions: Please tick

|  |  |  |
| --- | --- | --- |
| **Monday** | Morning | All Day |
| **Tuesday** | Morning | All Day |
| **Wednesday** | Morning | All Day |
| **Thursday** | Morning | All day |

**YOUR CHILD’S DETAILS**

Forename(s): ………………………………………………………………………………………………………………………………………….……

Surname: ………………………………………………………………………………………………………………………..…………….............

Date of Birth: ………………………………………………… Gender: M/F (delete as appropriate)

Home Address: …………………………………………………………………………………………………………………..………………........

………………………………………………………………………………………….…… Postcode: ……………………………………………………

Home Telephone No:…………………………………………………………………………..……………………………………………………..

Does your family qualify for 2 year old funding? Y/N (delete as appropriate)

Do you have any concerns over your child’s development to date or has your child been referred as needing support in any area of their development? Y/N (delete as appropriate)

If yes, please provide details: …………………………………………………………………………………………………………….…

**FAMILY CONTACT DETAILS**

(please note that the majority of our communications are done by e-mail and via Tapestry)

**Parent/Carer 1:** Forename: …………………………………………… Surname: ……..……………………………………………

E-mail Address 1: …………….………………………………………………… Mobile No 1: …………………………………….………

**Parent/Carer 2:** Forename: …………………………………………… Surname: ..…………..……………………………….……

E-mail Address 2: …………………………………………………………….. Mobile No 2: …………………..…………………………

We strongly recommend that you visit Pre-school before registering your child, this can be arranged by contacting Amanda at administrator@standrewspreschoolcaversham.onmicrosoft.com

Once this form is completed and the registration fee of £30 has been received, confirmation will be sent to you that both have been received and that your child is on the waiting list for a place in the year requested.

**PARENTAL CONSENT**

By signing this form, you are giving your permission for St Andrew’s Pre-school to hold and process your personal data, as required. In addition, you are confirming that you have read, understand and agree to the information set out within our privacy notice, and other policies and procedures associated with the General Data Protection Regulation (GDPR).

Parent’s signature: ……………………………………………….….. Date: ……………………………..…..

Pre-school signature: ……………………………………………….. Date: ……………………………..…..



**FOR OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** |  | | |
|  |  | | |
| **Date of Initial Contact with Pre-school** |  | | |
|  |  | | |
| **Date Completed Registration Form Received** |  | | |
|  |  |  |  |
| **Date £20.00 Fee Paid** |  | **Payment Type** |  |
|  | | | |
| **Date E-mail sent confirming receipt of Fee** |  | | |
|  | | | |
| **Date original birth certificate seen** |  | **Certificate No** |  |
|  | | | |
| **Date original current proof of address seen** |  | | |
|  | | | |
| **Date Pre-school Visit Booked** |  | **Who is attending?** |  |
|  | | | |
| **Waiting List Year / Term** |  | | |
|  | | | |
| **SEN / Sibling / New** |  | | |
|  | | | |

Additional Notes

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

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

Signed:- ………………………………………………………..…… Date: ……………………………….…………………………………………