



The Reading Room, School Lane, St John's
 Crowborough TN6 1SB
 Telephone 01892 664214 www.stjohns-preschool.co.uk

Annual Contract 20__/20__

Name of child:

Name known as:

Gender:

Date of birth:

Please provide birth certificate for copying ready for funding application.

Name(s) and address(es) of parent(s)/carers making the application:

Name	Name
Address	Address
Post Code	Post Code
Tel No	Tel No
Mobile No	Mobile No
Email Add.	Email Add.

Please ensure details of both parents with legal access are entered above

I/We would like my **Son/Daughter** to start attending St John's Pre-School from:

We would like our child to attend on the following days/sessions:

	Monday	Tuesday	Wednesday	Thursday	Friday
9am-12pm					
9am-1pm*					
12pm-3pm*					
9am-3pm*					

*You will need to provide a packed lunch (please include an ice pack).

Childs Nationality:

First Language:

What language(s) is/are spoken at home:

Religion:

Immunisations: (Up to date) YES - NO

Doctors Name:

Tel No.:

Childs Allergies:

Current Medications:

Dietary Requirements:

What other information is important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.

Does your child have any special needs or disabilities?

YES - NO

If so, please provide details:

Are any of the following in place for the child?

Early Years Action

YES - NO

Early Years Action Plus

YES - NO

Statement of special educational need

YES - NO

What special support will he/she require in our setting?

If you will not normally be collecting your child at the end of the session please supply name, address and telephone number (including mobile) (must be over 16 years of age):

Name: Address: Phone (home): Phone (work): Mobile: Relationship to Child:	Name: Address: Phone (home): Phone (work): Mobile: Relationship to Child:
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In case of an emergency please supply 2 contact names and address and telephone numbers.

Name: Address: Phone (home): Phone (work): Mobile: Relationship to Child:	Name: Address: Phone (home): Phone (work): Mobile: Relationship to Child:
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Does anyone else have any legal contact rights to see your child?

Please supply any information to any known person who does not have legal access to the child

Name: Address: Phone (Home): Phone (Work): Phone (Mobile): Relationship to Child:
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If your child is attending any other Pre-Schools, please state the name of Pre-School and days they are attending:

Do you claim Early Years Education Entitlement at the above Pre-School? If yes, how many sessions do you claim for?

If we find that we no longer need the place, we will inform the setting as soon as possible.

Parent / Guardian Signature:

Date:

Emergency treatment declaration

In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

I give / I do not give my consent for the appropriate medical treatment to be sought in the event of an emergency.

Parent / Guardian Signature:

Date:

I give / I do not give my consent for staff to take the above named child to the nearest Accident and Emergency Unit to be examined, treated or admitted as necessary (we will always try to contact parent in the event of an accident).

Parent / Guardian Signature:

Date:

For inhaler/Epipens only

I give permission for a named member of staff who has been trained to administer the inhaler/Epipen or Anapen supplied by me to _____ (name of child).

The named staff are:

- 1.
- 2.
- 3.

Parent / Guardian Signature:

Date:

Suncream

I give / I do not give my consent for staff to administer hypoallergenic suncream as supplied by me to _____ (name of child) when necessary and to record its use.

Parent / Guardian Signature:

Date:

Plasters

I give / I do not give my consent for my child to be administered plasters if required.

Parent / Guardian Signature:

Date:

Short trip - general outings

I give / I do not give my consent for _____ (name of child) to take part in short trips or general outings. I understand that individual risk assessments are carried out for each type of trip or outing we take and are available for me to see as required. For any major outings, we will inform you and ask for your specific consent.

Parent / Guardian Signature:

Date:

Photographs

As part of the on-going recording of our curriculum and for children's individual development records, staff regularly take photographs of the children during their play. These photographs are used for display and for your child's records within the setting. We are happy to provide duplicate photos of your child to you if requested. We may also record events and activities on video. Photos/videos are stored on the setting's computer only; we only store images during the period your child is with us. If we would like to use any image of your child for training, publicity or marketing purposes, we will always seek your written consent for each image we intend to use.

I give / I do not give my consent for _____ (name of child) to have her/his photo taken or to be videoed as per the above conditions.

Parent / Guardian Signature:

Date:

Animals

We may occasionally have supervised visits of animals to our setting. A risk assessment will be carried out for visiting animals, and parents informed. Please state below any known allergies or aversion your child has to animals:

Parent / Guardian Signature:

Date:

Please sign below to indicate that the information given on this form is accurate and correct, and that you will notify of any changes as they arise.

Parent 1

Parent / Guardian Signature:

Date:

Parent 2

Parent / Guardian Signature:

Date:

Contract checked by

Key person signature

Date

Manager Signature

Date

Equalities monitoring form – to be completed by the parent

Ethnicity, where collected, should be recorded according to the following categories:

White – British

Irish
 Traveller of Irish Heritage
 Gypsy/Roma
 Any other white background

White – British Asian or Asian British

Indian
 Pakistani
 Bangladeshi
 Any other Asian background

Mixed – White and Black Caribbean

White and Black African
 White and Asian
 Any other mixed background

Black or Black British

Caribbean
 African
 Any other Black background

Chinese

Chinese

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Any other ethnic background

Please state : _____

A child's learning difficulties and disabilities status should be recorded according to the following categories:

No special educational need
 Early Years Action
 Early Years Action Plus
 Statement

Providers should refer to the SEN Code of Practice for an explanation of the terms above.