Sutton Opportunity Pre-School

In partnership with Playwise Learning CIC

Application Form
Sutton Opportunity Pre-school

Where ALL children have an equal opportunity to learn, play, communicate and reach their full potential





info@suttops.co.uk 074 9464 9486 www.suttops.co.uk

Rear of 16-18 Stanley Park Road Front Entrance Holmwood Gardens Wallington, SM6 0HN

SUTTON OPPORTUNITY PRESCHOOL APPLICATION FORM

For Office use only- Date received: _____
Start Date: Sessions: AM/PM
Days: FEF or P/F
Ratio: DLA: Y/N
SEN: Y/N

Child Information:

Child First Name			Child Surname			
DOB		Age at application	Years		Months	
Address						
Postcode						
Contact Details	Home Telephone		Mobile Number		Work Telephone	
Email address						

Parent/ Carer Information:

Parent/ Carer 1 Name		Parent/ Carer 2 Name	
Address (if different from above)		Address (if different from above)	
Postcode:		Postcode:	
Does this Parent/ carer have parental Responsibility? *Please tick*		Does this Parent/ carer have parental Responsibility? *Please tick*	
YES	NO	YES	NO
Does this parent have legal access to the child? *Please tick*		Does this parent have legal access to the child? *Please tick*	
YES	NO	YES	NO

Emergency Contact Details *(please ensure you provide 2 emergency contact details for your child)*

Emergency Contact 1		Emergency Contact 2	
Name of person authorised to collect your child in an emergency		Name of person authorised to collect your child in an emergency	
Full Name		Full Name	
Address		Address	
Contact details		Contact details	
Relationship to child		Relationship to child	

N.B – This person must be over 16 years of age

Sibling Information:

Sibling 1 Name		DOB	
Sibling 2 Name		DOB	
Sibling 3 Name		DOB	
Sibling 4 Name		DOB	

Personal details of the child:

What is the main religion in your family?
Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while she/he is in our setting?
(Please also describe any cultural differences we should be aware of)

Primary Language spoken at home:

Please state the primary language spoken at home				
Please list all other languages spoken at home				
If English is not the primary language, will this be your child's first experience of being in an English-speaking environment?	Yes		No	

NB. If you answered yes to the above question, please discuss and agree with the key person how best to support your child when settling in.

Child's Strengths and Challenges:

Does your child have a diagnosis?	Yes		No	
If you answered yes.... Please describe your child's diagnosis and needs				
Are you concerned about your child's learning or development?	Yes		No	
If you answered yes.... Please describe your child's needs				
Are you in receipt of DLA? (Disability Living Allowance)	Yes		No	

Professionals working with your child/ family:

Designation	Name	Telephone Number	Are they currently involved?
Health Visitor/ NNEB			
GP/ Doctor			
Paediatrician			
Portage Worker			
Speech therapist			
Occupational Therapist			
Physiotherapist			
Social Worker			
Other..			

Child health needs: Does your child

have any allergies? If you answered Yes to the above,	Yes		No	
please list and discuss how these are managed:				
Does your child have any special dietary requirements?	Yes		No	
If you answered yes…. Please describe your child's diet and management plan				

Medication & Vaccinations:

Does your child take any regular medication	Yes		No	
If you answered Yes to the above, please list and discuss how these medications are managed				
Will any medication need to be administered during nursery hours?	Yes		No	
If you answered yes…. Please describe your child's medication, frequency and dosage				

Please give dates of all vaccinations	Name of vaccine	Date administered
	Hib/MenC vaccine (1st Dose)	
	MMR vaccine (1st Dose)	
	Pneumococcal vaccine (2nd Dose)	
	MenB Vaccine (3rd Dose)	
	Children's Flu Vaccine (2-15 yrs)	
	MMR vaccine (2nd Dose)	
	4 in 1 Preschool Booster vaccine	

About your child:

Please give any other information that you think may be useful, for example what your child likes, dislikes or fears, any special words that they use, or what comforter they might need and when

Signature of Parent/ Carer:	
Date:	

NB: It is vital that you read all the text below and sign <u>each</u> statement individually if you consent to them.

FEES & NOTICE OF INTENTION TO LEAVE

Fees are payable whether your child attends or not, as staff continue to come in and keep a place for your child when they are absent. We ask that you give a half-term notice when your child is going to leave. *Please sign to confirm you understand the process.*

Signature of Parent/ Carer:	
Date:	

EMERGENCY MEDICAL CONSENT

We need your consent to give us permission to manage an emergency situation with your child (should the need arise).

Do you give consent for your child to receive emergency medical treatment (including transportation to hospital if required	Yes		No	
Do you give consent for emergency surgery to be carried out, as is considered appropriate by a qualified doctor				

Signature of Parent/ Carer:

		Date	

OUTING CONSENT:

We need your consent to give us permission to take your child out of the nursery for trips and adventures I give consent for my child to be taken on supervised outings away from the Sutton Opportunity Preschool premises

Signature of Parent/ Carer:	Yes		No	

		Date	

PHOTOGRAPHY CONSENT:

We need your consent to give us permission to take photos of the child and for use in promoting Sutton Opportunity Preschool and using on our social media platforms (parents will have access to the photos)

I give consent for my child's photograph to be used for social media and recording purposes	Yes		No	

Signature of Parent/ Carer:		Date	

DATA PROTECTION:

We work hard to keep your child's and your personal information safe

I consent to information given herein being kept on computerised files belonging to the preschool. I further consent to notes being kept about my child during their time at the preschool. Such information relates solely to the running of the group and none of it will be passed on to a third party without my prior knowledge and permission. I have read and understood the information sharing policy.	Yes		No	

Signature of Parent/ Carer:		Date	

EQUALITIES MONITORING FORM:

As a provider we collect information on children's ethnicity according to the following categories:
Please tick the appropriate category

1	White British	6	Black African	11	Black Pakistani	16	Any Other mixed Background
2	White Irish	7	Caribbean	12	Other Black Any Other Asian Background	17	Chinese
3	Gypsy Roma	8	Backgroun	13	Bangladeshi White and Asian	18	Any Other Ethnic Background
4	Traveller of Irish Heritage	9	14 Indian	15			White and Black Africa 19 Prefer Not To Say
5	Any Other White background	10			White and Black Caribbean		