

# All Saints Preschool (Bury St Edmunds) Ltd



All Saints Church Hall, Park Road, Bury St Edmunds. Suffolk. IP33 3QW

## ENROLMENT FORM

LEGAL SURNAME (as Birth Certificate) ..... FORENAME/S.....

NAME (if different to above) ..... DATE OF BIRTH .....

NATIONALITY ..... HOME LANGUAGE .....

ADDRESS .....

.....

E-MAIL ADDRESS .....

PARENTS' NAMES \* ..... \*

OCCUPATION \* ..... \*

TEL NO'S – HOME ..... HOME .....

WORK ..... WORK .....

MOB ..... MOB .....

CHILD'S DOCTOR, ADDRESS AND TEL NO. ....

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Was your child premature? Y/N	Normal or Caesarean delivery?	Did your child crawl as a toddler? Y/N
Has your child received all routine inoculations? Y/N	Does your child have an allergy or condition we should be aware of? Y/N	Does your child drink milk? Y/N

IF APPLICABLE, PLEASE PROVIDE ANY ADDITIONAL INFORMATION BELOW , INCLUDING ANY CHANGES TO LEGAL PARENTAL RESPONSIBILITY ABOVE :-

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### DETAILS OF SOMEONE WHO WILL COLLECT YOUR CHILD IF YOU CANNOT BE CONTACTED

(Please see our Non-Collection of Child Policy for further details):-

NAME .....

ADDRESS .....

TEL NO: HOME ..... WORK ..... MOB .....

*As Parent/Guardian of ..... I undertake to pay for all sessions booked for my child at All Saints Preschool. I understand that sessions must be paid for weekly/monthly/half-termly **IN ADVANCE**, irrespective of attendance and that these places can only be cancelled at a term or half-term break; payment being required up until that time. An additional charge is levied for snack contribution per term - £20 when accessing 3 or more sessions per week/£10 when accessing 2 sessions/£5 when accessing 1 session. These charges will be invoiced with fees due.*

Signed .....

P.T.O.

*Our setting is committed to safeguarding and promoting the welfare of children, young people and adults at all times and expects everybody working within this setting to share this commitment.*



**CHILD'S FULL NAME** .....

**EMERGENCY MEDICAL TREATMENT**

I consent to any necessary emergency medical treatment during the running of a preschool session. I authorise the staff to sign any written consent required by hospital authorities if the delay in getting my signature is considered to endanger my child's health and safety. I will keep the preschool up to date with my child's contact details and emergency contact telephone numbers.

SIGNED PARENT/GUARDIAN .....

**PRESCHOOL OUTINGS**

We may take small groups of children on various local outings whilst they are at Preschool. This may include a trip to the park, the Post Office to buy a stamp or to the shop to buy cooking ingredients etc. There would always be two adults in attendance. The adult:child ratio would be at least 1:2.

I give consent for my child to take part in local outings by foot.

SIGNED PARENT/GUARDIAN .....

**PHOTOGRAPHS**

I give consent for my child to have his/her photograph taken at Preschool. These photographs will be available for *other parents/carers* to see when displayed in the setting, sent via *e-newsletters* and used in *Learning Journeys in addition* to purposes such as slideshows for reflection purposes/parental displays, given as part of a group leaver memento and as part of craft activities/gifts e.g. bookmarks/calendars etc. In addition, photographs may be taken in celebrations days & events by photographers and used in the local press e.g. World Book Day, Children in Need.

Parents/Guardians will be asked for their consent should any photographs be needed as evidence for individual staff training/additional purposes not stated above.

SIGNED PARENT/GUARDIAN .....

**LEARNING JOURNEYS**

These record your child's progress and photo evidence is taken to support our observations. (Photographs of children on their own, we feel, do not truly reflect the width and breadth of their experiences whilst with us and therefore photographs of your child may also be contained in other children's Learning Journeys when group photographs are taken).

▶ Learning Journeys are shared with other settings your child may attend to ensure continuity and coherence by sharing relevant information with them and with you.

▶ Learning Journeys and any additional documentation are passed onto your child's new Early Years provision/primary school.

I give consent for photographs of my child to be used in other children's "Learning Journey".  
and

I give consent for the Learning Journey to be shared with other settings/support agencies as appropriate and passed onto my child's new Early Years provision/primary school.

SIGNED PARENT/GUARDIAN .....

**WEBSITE**

I give consent for photographs depicting my child to be used as promotional material for our website.

SIGNED PARENT/GUARDIAN .....