



West Green Playgroup application form

Opening hours 8am – 6pm

Children can attend either:

Full time: (30hours, £360.00 per week) Monday – Friday 8.30 -2.30, or

Part time: (15hours, £180.00 per week) Monday, Tuesday 8.30 – 2.30 and Wednesday 8.30 – 11.30 OR Wednesday 11.30 – 2.30 and Thursday and Friday 8.30 – 2.30.

8.30-2.30 are our core hours (funding can **only** be taken during these hours)

These are fixed times/days and are **not** negotiable.

Additional hours

Breakfast club – 8am-8.30am (£12.00 in advance/£14.00 ad hoc)

Extra hours – 2.30pm-4pm (£18.00)

Tea club – 4pm-6pm (£24.00) (only runs with a minimum of 5 children per day)

Child's first name	Child's last name	Date of birth	Please choose a PASSWORD
Name child will be known as:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Preferred attendance: <input type="checkbox"/> Part time (2.5 days) <input type="checkbox"/> Full time (5 days)	Start date requested:
Child's address ↑:		Home ↙	
Postcode:			
Parent/Carer contact details (for those with parental responsibility)			
Name:		Mobile ↙	Work ↙
Relationship to child:	Occupation	Email ✉	
Name:		Mobile ↙	Work ↙
Relationship to child:	Occupation	Email ✉	
Address (if different from child's):			
Additional contacts/Authorised adults to collect my child:			
Contact name:	Work/home ↙		Relationship to child:
	Mobile ↙		



Contact name:	Work/home ☞	Relationship to child:
	Mobile ☞	
Please name anyone who does NOT have legal access to, or is NOT allowed to collect your child and their relationship to the child Name: Relationship to child:		
Additional information		
Child's Ethnicity	Religion	Languages spoken at home
G.P. Name/surgery:		G.P. ☞
Medical conditions	Allergies	Dietary requirements
I consent to the following being applied/administered to my child in the event of an emergency. (Please tick all that apply)		
<input type="checkbox"/> Pain/fever reducer (paracetamol suspension/ibuprofen) <input type="checkbox"/> Plasters (for cuts and grazes) <input type="checkbox"/> Antihistamine syrup <input type="checkbox"/> Sun cream (sensitive factor 50) <input type="checkbox"/> Nappy cream		

Please indicate if your child has any needs that may require additional or specialist support: <input type="checkbox"/> ADHD/ADD <input type="checkbox"/> ASC (Autism) <input type="checkbox"/> Speech & Language <input type="checkbox"/> Social/emotional needs <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Behavioural needs <input type="checkbox"/> Vision impaired <input type="checkbox"/> English as an additional language		Other professionals supporting your child or family: <input type="checkbox"/> Speech and language therapist <input type="checkbox"/> Paediatrician <input type="checkbox"/> Educational psychologist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Occupational therapist <input type="checkbox"/> Dietician <input type="checkbox"/> Social worker <input type="checkbox"/> Other		
Funded places				
Which funding is your child entitled to: <input type="checkbox"/> Funding for families receiving additional support <input type="checkbox"/> Universal funding (3/4yr olds) <input type="checkbox"/> 30 hours for working parents (2/3/4 year olds)				
Title	Parent first name	Parent surname	D.O.B dd/mm/yyyy	National insurance number or NASS reference number
Optional consent (please tick)				
I Consent to West Green Playgroup using my/my child's information in adherence with Data Protection guidelines: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Mandatory consents				
The following mandatory consents are a condition of joining West Green Playgroup and by signing this application form you are consenting to the following:				
<input type="checkbox"/> I consent to my child going on short trips in the local surrounding areas.				
<input type="checkbox"/> I consent to written observations of my child being undertaken to monitor their development, achievements and progress and recorded on the Tapestry Journal. I understand that photographs that include my child may also be taken for the following purposes:				



- Included in other children's Tapestry journal record if they are in a group photograph with other children.
- Displayed within/around the setting.

I confirm that I will **keep my child at home:**

- For 48 hours from the last episode of vomiting and or diarrhoea
- For 24 hours from the last occurrence of fever
- For 24 hours after being prescribed antibiotics
- For 24 hours with treatment for eye infections
- Until sores stop weeping if they are unwell with Hand, Foot and Mouth disease

I consent to the manager and or SENCo (Special educational needs co-ordinator) to contact, discuss and share information about my child's development with outside agencies/professionals. This may be necessary to support his/her development during their time at the setting, and all information will be shared in the strictest confidence.

I consent to information (e.g. development reports, 2 year old progress checks, outside agency reports) regarding my child, to be passed onto other relevant bodies (school, health visitor, etc) – all information will be shared with the strictest confidence.

I consent to emergency First Aid, advice or medical treatment being given to my child as necessary whilst my child is in your care.

I confirm that I will give a minimum of 4 working week's notice (full fees remain payable) to cancel my child's place.

I confirm that I will give 2 working week's notice to reduce my child's hours.

I understand when amending my child's place, (reducing or adding days) the nursery will specify which days my child may drop or add. **This may not be the day I request.**

I confirm that I understand the nursery reserves the right to withdraw my child's place at any time (one months written notice will be provided).

I understand that the nursery will not swap days due to missed sessions: This includes sickness, planned holiday and nursery closure dates such as bank holidays.

I understand that fees for any sessions booked are still payable if your child is absent.

I confirm that the contents of this application form are true and accurate. I will update you of any changes as they occur.

I understand that West Green Playgroup is a registered charity. As such I may be asked to support the nursery in various ways e.g. fundraising, voluntary contribution

I confirm that by signing this application form, I give my consent to the above mentioned and will also adhere to West Green Playgroup's terms and conditions as stated in our information guide.

Parent/Carer signature:

Print name

Date