**Little Badgers Pre-School**

Badger Hill Primary School,

Crossways,

York,

YO10 5JF

Tel: 07963 134008

littlebadgersadmissions@yahoo.co.uk

[www.littlebadgers.org.uk](http://www.littlebadgers.org.uk)

Registered Charity No. 1145510

**ADMISSION FORM FOR LITTLE BADGERS PRE-SCHOOL**

Full name of child **..............................………………………………………………………….…**

Preferred name **…..................……………………….**Date of Birth\***………………….............….**

Male/Female (delete) Nationality ……………………………………………………

First Language(s) if not English **…………………………………………….................................**

Religion …………………………………………………………………………………………..

Address.**............................................................................................................................................**

**……………….......................………………………….................** Postcode**…........……………**

Home Telephone**....................................................** Mobile**..............................................................**

Email address**……………………………………………………………...………………………**

Name of parent(s)/guardian(s) with whom the child lives

**1 ………………...............................……………………………………………………………**

Does this parent/guardian have parental responsibility YES/NO (delete)

1. **..................................................................................................................................................**

Does this parent/guardian have parental responsibility YES/NO (delete)

**Emergency contact details & person authorised to collect child**

(Other than parent/guardian; must be over 16 years of age)

Name Relationship Home Telephone Mobile Telephone Collect Y/N

**…………………………... …………….....……... …........................ ………….............. ...........................**

**…………………………... …………….....…….. …........................ ………….............. ...........................**

**…………………………... …………….....……... …........................ ………….............. ...........................**

**Please provide a password and share this with the above contacts...........................................**

If anyone other than the parent/guardian collects your child we will ask them for the password as a security measure. Please let us know at the beginning of each session whom will be collecting your child that day. If someone arrives to collect your child that we are unaware of we will telephone you for confirmation before allowing your child to leave.

Please list any other setting your child attends, including childminders:

**..........................................................................................................................................................**

**..........................................................................................................................................................**

Is your child toilet trained? YES/NO

If no, please give us any special words or signs which your child uses for the toilet.

**………………………………………………………………………………..................................**

Do you consent to supervised activities outside of playgroup premises? YES/NO

Any other information you think we require**…………........................................…………………**

**…………………………………………………...............................……………………………...**

**General Data protection Regulation (GDPR)**

**We will only use your personal (including your child’s) information in relation to providing our preschool service to you**. We keep your information so you can receive updates about our preschool. We would like send you information about our preschool by email, phone, letters and/or Facebook. We will keep your information secure and will never share it except if required to do so by law. Under the data protection regulations, we require your permission to do this.

By ticking this box, you are consenting to us holding and processing your data and sending you information. □

You can at anytime ask us not to contact you by email, phone, letter and/or facebook.

During activities either within the session or on outings, it is the practice of the pre-school staff to take photographs of the children. These are for use in their profiles (which you will receive when your child leaves the pre-school), as part of staff training or accreditation records, or for display in the pre-school classroom. Images, negatives or CD rom will be stored along with the children’s records and will be destroyed once they are no longer required for current records.

**I give consent to my child’s photograph being taken and used for the following purposes:**

1. by the pre-school staff as described above YES/NO

2. for use on our (closed) Facebook page YES/NO

3. by other parents during pre-school outings YES/NO

4. by the local press on special occasions YES/NO

5. for use in pre-school publicity YES/NO

(such as on the pre-school website, feature videos for Little Badgers, leaflets, Badger Hill School newsletters etc)

Signed**…………………………………………….........…….** Date**…........................……………**

(Parent/guardian)

**I would like my child to attend the following sessions (please tick all that apply):**

Monday morning 09:00 – 12:00 [ ]

Monday afternoon 12:00 – 15:00 \*Getting Ready for school session\* [ ]

Tuesday morning 09:00 – 12:00 [ ]

Tuesday afternoon 12:00 – 15:00 [ ]

Wednesday morning 09:00 – 12:00 [ ]

Thursday morning 09:00 – 12:00 [ ]

Thursday afternoon 12:00 – 15:00 [ ]

Friday morning 09:00 – 12:00 [ ]

**Minimum sessions you can book is 2 and priority will be given to people who book 5 or more.**

**Please note**: that in the event one or more of your future chosen sessions be requested for another child prior to your preferred start date we operate a chargeable retainer system to guarantee your place(s). In this event you will be contacted with further details to discuss options.

I would like my child to begin sessions from(date)**............................... age .........................**

**I enclose my registration fee of £20 or have paid by bank transfer:**

**Barclays Bank, Account Name: Little Badgers – Sort Code: 20-99-56 – Account Number: 10327204**

Government funding is available beginning the term **after the child turns 3 years** of age**.**

**A paying 3-year-old is a fee of £20.00 per session.**

**For under 3yrs a fee of £24.00 per session applies,** payable half termly in advance***.***

**Consumables / Snack Fee**

We charge a nominal fee for consumables / snack of £2 per session morning and afternoon invoiced on a half termly basis.

Please tell us where you heard about Little Badgers pre-school **………………………………….**

**……………………………………………………………………………………………………..**

**\*Date of Birth Verification**

We are required by York City Council to verify a child’s date of birth.

In order to do this we would request that you bring some form of documentation (eg. Child’s birth certificate, passport, red book, medical card or child benefit form).

We are not required to keep copies, as per the Data Protection Act.

Office Use:

DOB Verified: YES/NO Document Provided: ……………………………..

Date Checked: ……………………….. Manager Signed…………………………….

 2nd Check Person Signed…………………….

**MEDICAL FORM FOR LITTLE BADGERS PRE-SCHOOL**

Full name of child **..............................………………………………………………………….**

Date of Birth**………………….............…..**

**Emergency contact details** (Must be a responsible adult)

Name Home number Mobile number Work number

**…………………………... …………….....…….. ….................................. ……………….............**

**…………………………... …………….....…….. ….................................. ………….....................**

Doctor’s Name and Address **………………………………………………………………………**

Doctor’s telephone number **………...............................…………………………………………..**

Dentist’s Name and Address…………………………………………………………………........

Dentist’s telephone number………………………………………………………………………..

Is your child allergic to anything? YES/NO

If Yes, please give details **………..............................…………………………………………...**

Does your child have any special dietary needs, food intolerance or preferences? YES/NO

If Yes, please give details**...........................................................................................................**

Do you give permission for plasters to be applied in case of a minor accident? YES/NO

Do you give permission for us to administer oral paracetamol, of the recommended dose, to your child should they develop a high temperature **and** become unwell? YES/NO

Do you give permission for us to seek medical advice for your child and emergency treatment to be given to your child? YES/NO

I give consent for a member of staff to take my child to the nearest Accident and Emergency unit to be examined, treated or admitted as necessary on the understanding that I have been informed **and** I am on my way to the hospital.

Signed**…………………………………………….........…….** Date**…........................…………**