Longthorpe PreSchool

Enrolment Form

Childs details

Forenames	Known as
Surname	Date of birth //
Religion / Faith	Gender: (please circle) Female / Male
Religious festivals celebrated	First Language
	Other languages spoken in the home
Names of other children in the family home	
Preferred Primary School	
Parents / guardian's details	
1. Name	Telephone No
Relationship to child	Mobile No
Address	Work No
Post code	Email
Date of birth /	
National Insurance number	
2. Name	Telephone No
Relationship to child	Mobile No
Address	Work No
Post code	Email
Date of birth /	
National Insurance number	

Both Parents / Mother / Father / Local Authority / Other				
ls a residence order in force? (please circle)	Yes / No	If you have answered \	•	
s a contact order in force?	Yes / No	these questions, please	e give details	
Is there any other court order in force regarding parental responsibility?	Yes / No			
Does the family have any involvement with Social Services	? Yes / No			
Permissions I allow Longthorpe Preschool to take my child on walking t	rips within tl	ne local community.	Yes / No	
I allow my child to play on large outdoor equipment in gardens and parks.				
I allow Longthorpe Preschool to apply sun screen if needed to my child.				
allow photos of my child and their work to appear on our	website lon	gthopepreschool.org	Yes / No	
l allow photos of my child to appear in all children's Learni	ng Journals		Yes / No	
l allow my child to have face paint / glitter tattoos on speci	ial occasions		Yes / No	
Emergency Contact Details Please note that the parents/guardian will always be contacted if the parents/guardian cannot be contacted if the parents/guardian cannot be contacted if the parents/guardian cannot be contacted in the parents/guard	ontacted. By	-	•	
1. Name		Telephone No		
Relationship to child		Mobile No		
2. Name		Telephone No		
		Mobile No		

Doctors details and Medical information

Doctors name	
Practice / surgery address	
Practice / surgery phone number	
Does your child wear glasses?	Yes / No
Are the glasses worn all the time?	Yes / No
Does your child have hearing problems?	Yes / No
Does your child wear a hearing aid?	Yes / No
Does your child suffer from asthma?	Yes / No
If yes, does your child have an inhaler that needs to be kept at Pre-School?	Yes / No
Does your child have any allergies?	Yes / No
Does your child have any birth marks?	Yes / No
Are there any other medical conditions that which Pre-School need to be aware of?	Yes / No
If you have answered YES to any of these questions, please give details	
I authorise members of staff of Longthorpe Preschool to seek any necessary emergency medical advice or treatment in the future.	Yes / No
Dietary information Does your child have any special dietary requirements?	Yes / No
If YES please give details	

Village Hall	Morning	Lunch	Afternoon		
	9.00-12.00	12.00-12.30	12.00-15.00		
Tuesday					
Wednesday					
Thursday					
School site	Morning	Lunch	Afternoon		
	9.00-12.00	12.00-12.30	12.00-15.00		
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Free 15 ho	urs 2 year old g urs 3 & 4 year o	government fun old government	_		
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