

**Important**

**This application is for a place in the Pre-School only.**

**Applications for a school place must be made to Devon County Council between**

**1st November and 15th January of the academic year before your child starts school.**

|  |  |  |
| --- | --- | --- |
| **Child details** | | |
| Forename(s): | Surname/Family name: | |
| Name your child prefers to be known by: | | |
| Home address:  *(This must be the address where the child normally residents)*  Postcode: | | |
| Date of Birth:  *(Certificate required)* | | Gender (M or F): |
| Religion: | | Ethnic origin: |
| What languages are spoken at home? | | Is English the main language spoken at home? |
| Does your child have any of the following in place? | | |
| Early Years Action | | **YES / NO** |
| Early Years Action Plus | | **YES / NO** |
| EHCP | | **YES / NO** |
| No special education need identified | | **YES / NO** |

|  |  |  |
| --- | --- | --- |
| **Parent/Carer details** | | |
|  | **Parent/Carer 1** | **Parent/Carer 2** |
| Title |  |  |
| Forename(s) |  |  |
| Surname |  |  |
| Relationship to child |  |  |
| Home address (if different from child’s)  Postcode: |  |  |
| Telephone number (home) |  |  |
| Telephone number (mobile) |  |  |
| Telephone number (work) |  |  |
| Email address |  |  |
| Does this person have parental responsibility? | **YES / NO** | **YES / NO** |
| Does this person have legal access for the child? | **YES / NO** | **YES / NO** |
| Is this person responsible for payment of fees? | **YES / NO** | **YES / NO** |
| Details of any brothers/sisters |
| **Names** | **D.O.B** | **School/s (if any):** |
|  |  |  |
|  |  |  |
| Please list the names of those (over 16 years of age) who are authorised to collect your child. Any changes should be raised to the pre-school staff at the start of the session where a collection password will be arranged. | | 1.  2.  3.  4. |
| **Password for collection:** | |  |

|  |  |  |
| --- | --- | --- |
| **Emergency contact and Doctor Details**  **Persons other than parent(s) authorised to collect the child must be over 16 years of age.** | | |
| Emergency contact details  *(minimum of two – additional to those above)* | Name:  Address:  Telephone:  Relationship to child: | Name:  Address:  Telephone:  Relationship to child: |
| Doctors’ details | Address:  Telephone: | |
| **Any other professional who has regular contact with the child:**   |  |  |  |  | | --- | --- | --- | --- | | Name 1 |  | Role |  | | Agency |  | Telephone |  | | Name 2 |  | Role |  | | Agency |  | Telephone |  | | Name 3 |  | Role |  | | Agency |  | Telephone |  | | | |
| Do you give permission for your child to be taken to the doctor or hospital in an emergency?  **YES / NO** (parents would be contacted as soon as possible)  Do you consent to pre-school and school staff administering first aid to your child in the event of an accident/incident? YES/NO  Signed: Date: | | |
| **Two-year-old progress check for children aged 24-36 months.**  If your child is aged between 24-36 months, has a two-year old progress check already been completed? **YES / NO**  If not, as per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and will discuss it with you. | | |

|  |
| --- |
| **Your child’s health** |
| Has your child been vaccinated against the following?  Tetanus/diphtheria/polio? **YES/NO**  Whooping cough? **YES/NO**  Meningitis C? **YES/NO**  MMR? **YES/NO** |
| Does your child have any health issues/allergies? **YES/NO**  *If yes, please give details:*  Does your child have any dietary requirements? **YES/NO**  *If yes, please give details:*  *Does your child take any long-term prescribed medications*?***YES/NO***  *If yes, please give details:*  Prescribed medications must be labelled with a prescription label and handed into the school office at the start of each session. You will be required to complete a consent form for the administration of the medication. |
| Is your child confidently dry during the day? **YES / NO**  Please supply any relevant information:  We encourage the children to be reasonably independent in using the toilet though we understand that accidents will happen. We therefore ask that every child is equipped will a full spare set of clothes. If children cannot manage the toilet alone, they will be helped in accordance with out Intimate Care Policy. All staff and volunteers have been Enhanced DBS checked. |
| If your child requires nappies/pull-ups you will need to ensure the preschool has enough of these to keep your child dry and comfortable for the duration of the session. Parents can leave a supply of named nappies and wipes with the Pre-School. |
| **Additional information** |
| Will your child be attending any other nursery or preschool whilst at Ilsington Pre-School? |
| Does your child currently attend another setting? |
| Which primary school will your child be attending (*this information will help us to support transition)*: |
| Does your child have a special toy or comforter? |
| Does your child have a favourite song or story? |
| What are your child’s favourite things/activities to do at home? |
| Where do they like to play the most? Indoors/Outdoors? |
| Does your child have any fears i.e. animals, getting messy? |
| Have you any skills you would like to share with the pre-school? |
| Are you interested in volunteering in the school? **YES / NO** |
| What is the main religion in your family? |
| **Equalities monitoring**  Please tell us your ethnicity: |

|  |
| --- |
| **Key Person** |
| Each child joining the setting will be allocated a ‘key person’. It will be the key person’s responsibility to ensure that your child receives the best possible attention whilst in our care and ensure their records are kept up to date. Your child’s key person may chance as they progress through the setting. You will be notified of these changes. Your child’s key person is your first point of contact for anything you wish to discuss about your child. Please keep us informed if there are any family circumstances that may affect your child during the year e.g the birth of a baby, recent move or loss of a close relative. |

|  |
| --- |
| **Consent and permissions** |

|  |  |
| --- | --- |
| **Intimate Care Consent** | |
| Your child should arrive at Pre-School clean and dry every day. Sometimes your child will need to get changed or have help to get changed. Please provide a spare set of clothes, including underwear. However, we cannot avoid accidents at this young age and so from time to time, your child may need help with their personal care, such as toileting, nappy changing or a change of clothes following an ‘accident’. The Pre-School staff will treat your child with dignity, privacy, and professionalism. | |
| **I give my consent** for the staff of Woodhouse Pre-School and Ilsington C of E Primary School to help the child named above with their personal care needs.  **I do not give my consent** for the staff of Woodhouse Pre-School and Ilsington C of E Primary School to help the child named above with their personal care needs, and therefore an individual plan will be put in place to accommodate this request. | |
| Signed: | Date: |
| ***If your child has had a toilet accident you will be informed when you collect your child.*** | |

|  |  |
| --- | --- |
| **Trips and visits** | |
| As part of the early learning curriculum, the Pre-School aged children will often visit the local area to support children’s knowledge and understanding and provide real life experiences. For your child to take part in such activities, we require written permission from their parent or carer. All outings will be assessed to identify risks and measures put in place to ensure children, staff and other adults are safe during their time away from the Pre-School. Adult to child ratios will comply with current regulations. Parents will be notified of trips that require any form of transport. | |
| **I give my consent** for the child named above to be taken off the school premises for various outings as described above.  **I do not give my consent** for the child named above to be taken off the school premises for various outings as described above. | |
| Signed: | Date: |
| Print Name: | |

|  |
| --- |
| **Animals** |
| We may occasionally have supervised visits of animals to our setting. We will ensure that our pets are healthy and fully inoculated as appropriate. A risk assessment will be carried out for visiting animals and parents will be informed. Please state below any known allergies or aversion you child may have to animals: |

|  |  |
| --- | --- |
| **Sun cream consent** | |
| As our weather is unpredictable, please remember to apply sun cream on your children before their Pre-School session when necessary as we always have outdoor play. We are aware that at hand washing time even water-proof sun cream can be removed from hands, arms and faces and we are happy to re-apply cream to those areas as necessary. Please provide sun cream (marked with child’s name) in their bags and indicate your agreement by completing and signing the permission slip below. Please note that children who do not have sun cream may not be able to participate in outdoor activities. | |
| **I give my consent** for the child named above to have sun cream applied by staff at Woodhouse Pre-School and Ilsington C of E Primary School  **I do not give my consent** for the child named above to have sun cream applied by staff at Woodhouse Pre-School and Ilsington C of E Primary School | |
| Signed: | Print Name: |
| Date: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Shared information (please tick yes or no)** | | **YES** | **NO** |
| I understand the circumstances in which information may be shared without my consent. (This relates to ‘Safeguarding and child protection’) Please familiarise yourself with the child protection policy which is available on our website or you can request a copy via email). | |  |  |
| I give my consent for information to be shared with external professional agencies with regard to any special educational needs should it be required. | |  |  |
| I consent to my child’s development summaries being transferred to his/her next preschool/ school prior to starting. | |  |  |
| Signed: | Print Name: | | |
| Date: | | | |

|  |
| --- |
| **Photo permissions** |
| |  |  | | --- | --- | | **Reason for Permission** | **Please tick to give your permission** | | I give permission for my child to have their photograph taken in school which may be used on internal display boards. |  | | I give permission for my child’s photograph to be used in the school newsletter which will also appear on the school’s website and social media platforms. Please note that names will not be used with photographs. |  | | I give permission for my child to be included in photographs that may appear in the press. Please note that we will seek specific permission from you at the time of the event. |  | | Please be aware that if you have given the photo permissions above, your child's photo may continue to be used once they have left the school. | | |

|  |
| --- |
| **Register** |
| Children should be in Woodhouse for the start of their session time. The morning session starts at 9:00am and **children cannot be left unattended** before this time.  The afternoon session finishes at 3.30 and Pre-School staff will bring the children out at the bottom gate of the school for collection.  Children will not be sent home with anyone under the age of 16.  Children will not be sent home with anyone not named on this form unless prior notice is given, and the agreed password is given. |
| Signed: Print Name: |
| Date: |

***Holiday Dates Autumn 2023 – Summer 2024***

***Autumn Term 2023***

*Term commences     -    Wednesday 6th September, 2023*

*Half term               -     Monday 23rd October – Friday 27th October 2023*

*Term ends              -      Friday 15th December, 2023*

***Spring Term 2024***

*Term commences     -     Wednesday 3rd January, 2024*

*Half term                  -     Monday 12th February – Friday 16thFebruary, 2024*

*Term Ends                -     Thursday 28th March, 2024*

***Summer Term 2024***

*Term commences    -      Tuesday 16thApril, 2024*

*May Bank Holiday  -       Monday 6th May, 2024*

*Half term               -        Monday 27th May – Friday 31st May, 2024*

*Term ends             -        Tuesday 23rd July, 2024*

***Non pupil days (5)***

*Monday 4th September, 2023*

*Tuesday 5th September, 2023*

*Tuesday 2nd January, 2024*

*Monday 15th April, 2024*

*Wednesday 24th July, 2024*

***Occasional Days***

*Thursday 25th July, 2024*

*Friday 26th July, 2024*

|  |
| --- |
| **Tapestry** |

Tapestry is an online software package that allows us to record what your child is doing, allowing us to capture their learning ‘in the moment’.

In line with the Early Years Foundation Stage Curriculum, we keep a record of each child’s development through observations and on-going assessments of their learning, and we use these to create a ‘personalised Learning Journal’.

You will be able to access your child’s Learning Journal from your phone or PC and are able to add comments and upload the activities that your child may have been doing at home. You will be sent an activation link which will allow you to access your child’s journal once you have returned the attached consent form.

Please note that your child’s journal is only accessible by yourselves, the pre-school staff and school management.

To comply with the General Data Protection Regulations, we need your permission before we can create an online learning journal for your child. Please can you read carefully, before signing the consent:

Please tick to confirm your permission for each point:

|  |  |
| --- | --- |
| I give permission for an online Tapestry Learning Journal to be created and maintained for my child. |  |
| I give permission for the staff at school to take photographs and videos of my child to be used in their Learning Journal. |  |
| I give permission for my child to be in group photos used in the Learning Journal. I understand that my child’s image will be viewable by all parents/carers of the pupils featured in the photograph. |  |
| I agree **NOT** to share electronically, by social media or any other platform, any part of my child’s Learning Journal (including photographs and videos). I understand that my child’s Learning Journal is to be used for my own personal use, meaning that information cannot be published in any other way. |  |
| I agree to keep my log in details safe and secure. |  |

**Please confirm email address to be used for access to Tapestry Learning Journal:**

**………………………………………………………………………………………………………**

**Name of child: ………………………………………………... Date: .…………………...**

**Parent/Carer Signature: …..………….………. Name: ……………………..………….**