**SUNRISE PRESCHOOL APPLICATION FORM**

**Please return to Sunrise Preschool, 55 Coniston Road, London N17 0EX along with a copy of child’s birth certificate or email** **info@sunrise.org.uk** **(Phone 020-8885-33-54)**

**Child’s Details**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_

Date of Birth **/ /** Preferred Name

Home Address Postcode

Language(s) Spoken at Home

Ethnicity \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We would like the child to join on the following days/sessions (please circle choice)

Monday am/pm; Tuesday am/pm; Wednesday am/pm; Thursday am/pm; Friday am/pm

Date you would like your child to start **/ /**

**Parents/Carer Details**

**1**. Name

Does this parent/carer have parental responsibility? Yes/No (delete)

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. No. Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address Postcode

Occupation Work No.

Employers Name & Address

**2**. Name

Does this parent/carer have parental responsibility? Yes/No (delete)

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. No. Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address Postcode

Occupation Work No.

Employers Name & Address

Please state any skills you’d be willing to offer.

Are there any other children in your family? If so, how old are they?

**Details of any other people that live within child’s home**

Name

Relationship to child

Name

Relationship to child

**Emergency Contact Details: Please give three persons’ contact details**

Name

Tel. No. Mobile No.

Name

Tel. No. Mobile No.

Name

Tel. No. Mobile No.

**Persons authorised to collect the child (must be over 16 years of age)**

Name

Relationship to child

Tel. No. Mobile No.

Name

Relationship to child

Tel. No. Mobile No.

**Child details**

Has the child attended any previous nursery /playgroup? Please give details.

Any special words that the child responds to?

Any special way of asking for things?

Things that help him/her to sleep/ rest, particular toys/ comforters etc?

Toilet training?

Any other information about the child e.g. any fears, any dislikes etc \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Name \_\_\_\_\_\_\_\_\_\_\_\_

Address Post Code

Telephone No.

**Has the child had** (please tick where applicable):

Scarlet Fever □ Mumps □ Measles □

German Measles □ Diphtheria □ Chickenpox □

**Has the child been immunised against** (tick where applicable):

Mumps □ Measles □ German Measles □

Diphtheria □ Polio □ Whooping Cough □ Tetanus □

Please give a brief description of any serious illnesses, accidents, physical or

emotional shocks that the child has experienced in the past.

Does the child have any special needs or disabilities? Yes / No

Details

If ‘Yes’ what support will the child need in our setting?

**Does the child have any special dietary needs or preferences?**

**Does the child have any allergies?**

**If ‘Yes’ state the ‘Allergen’ and the action to be taken.**

**Does the child have any other health problems?**

Are there any other professionals working with the child e.g. therapists, social workers etc.?

**Cultural Background**

The main language(s) spoken at home

Any special words in your language(s)

If English is not the main language spoken at home, will this be the child’s first experience of being in an English speaking environment? Yes/No

If so, discuss and agree with the key person how child’s settling in can be supported.

Any main religion in the family?

Any festivals or special occasions celebrated in your culture that the child will be taking part in that you would like to see acknowledged and celebrated while he/she is in our setting? \_\_\_

**Authorisations**

1. We organise outings to theatres, museums, parks, etc. termly.

Also as a part of our planning we like to take the children on outings to the local parks/shops/libraries or any other local areas which could help towards children learning and development.

Please sign below to give permission for your child to be included in these:

 \_\_\_\_\_\_\_\_

2. We take photos of the children to make a record of their achievements and to share them with parents. Children’s photos may appear in other children’s folders as well if taken in groups. We may also include a photo of your child in promotional materials including our Website.

Please sign below to give permission for your child to be included in these:

 \_\_\_

3. In case of accident or medical emergency, we may seek emergency medical advice or treatment.

Please sign below to give permission for this:

 \_\_\_

4. In case of minor accidents we could use any of the following

Homeopathic treatments/Remedies: (please circle preference)

Calendula- Yes/No

Arnica- Yes/No

Bach Flower Remedies- Yes/No

Plasters- Yes/No

Please sign below to give permission for this:

 \_\_

5. We may need to share information about any additional needs that the child may have or to pass on child development summaries to the next provider/school/ any other professional.

Please sign below to give permission for this:

 \_\_\_

**Fees**

The Nursery fees are per month.

I understand that this amount is to be paid for 11 months of the year (not payable in August). I agree to pay this on of every month.

(This also includes if my child is absent from nursery due to illness or taking a holiday during term time).

**One month deposit is due upon enrolment**. I understand that this covers the last month of my child’s attendance at the nursery, and is therefore only refundable when one month notice is given before withdrawing my child from the nursery.

I enclose one month deposit, totalling £ .

Parent’s Signature Date **/ /**

**Nursery Grant**

Your child is eligible for a 15 hours free entitlement the term after their third birthday and until the term after their fifth birthday.

We will apply for this on your behalf from Hackney / Haringey council (which ever applicable) and deduct its value from your termly fee.

**If you are eligible for either 15 hours for 2 year olds or 30 hours for 3 to 5 year olds, you need to apply yourself and provide us with the eligibility code, your full name, address, date of birth and National Insurance Number**

**Eligibility Code**

**Your Name**

**Address**

**Your Date of Birth**

**Your National Insurance Number**

**Agreements**

* I/We agree to respect the setting’s approach regarding non-toleration of aggression in language or behaviour
* I have read, agreed and signed the current ‘Safeguarding Children Policy’ and ‘Behaviour Policy’

(All the other Policies/Procedures, including the Complaints procedure are available upon request).

Signature **/**

Office Use

Start date:

Copy of child birth certificate received? Yes/No