

ENROLMENT FORM

Please complete all details and return with a place holding deposit of £25 to The Manager at the above address. Cheques should be made payable to "Ramsbury Pre-School". Places cannot be guaranteed without the deposit.

PLEASE USE BLOCK CAPITAL

1. Surname of Child		2. Christian Names	
3. Date of Birth		4. Full names of all parents/ guardians	
5. Home address, please include the postcode			
5a. Parent/Guardian address, if different from child			
6. Home telephone number		7. Mobile or day time contact telephone	
8. Email address			
9. Emergency contact and relationship to child	TELEPHONE		
10. Name and address of child's Doctor	TELEPHONE		
11. Details of injections/immunisations already received by child		12. Details of known medical conditions/allergies. If none, write NONE	
13. Is there anything you feel we should know about your child?			

14. Term in which you would like your child to start Pre-School

CURRENT FEES:

2 YRS	£6.00 per hr
3+ YRS	£5.25 per hr
BREAKFAST 8.15AM	£1
MORNING SNACK 0.50P	
2 COURSE TEA 4.30PM	£2.50

15. Sessions you would like your child to attend

You will have an opportunity to review and confirm your choice of sessions before your child starts.

DAY	BREAKFAST CLUB 8-9AM	AM SESSION 9-12PM	LUNCH CLUB 12-1PM	PM SESSION 2-3PM	AFTER-SCHOOL 3-5PM	AFTER-SCHOOL 3-6PM
MONDAY*					CLOSED	CLOSED
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY					CLOSED	CLOSED

Please Note: *Monday sessions are reserved for those children starting primary school in the following September

16. Name and Address where fees should be sent if different from yourself

17. Name of the person collecting child from Pre-School if not yourself

18. In certain circumstances, you may not wish a particular person to collect your child from Pre-school, please can you provide details

19. DECLARATION – Please tick where you consent

- I/We wish to apply for admission of the above named child to Ramsbury Pre-School.
- I/We have read the Pre-School prospectus, policies and procedures (a hard copy is available in Pre-School or download from our website www.ramsburypreschool.org.uk) and agree to comply with the conditions.
- I/We agree to allow our child to go on supervised outings e.g. library/shops.
- I/We agree to give one half terms notice before removal/reduction in attendance of the above named child or else we understand that a half terms fees will be charged.
- I/We understand that fees are payable in advance and failure to pay on time may result in withdrawal of a place the following term.
- I/We understand that in compliance with the Data Protection act the details provided above will be held on record by Ramsbury Pre-School for there own use only and will not be passed to any other parties without permission from the signatory except in the instance where to share the information will prevent a crime or harm to a child or vulnerable adult.
- I/We agree that my/our contact details will be used for the Pre-School to communicate with me/us.
- I/We understand that any developmental information collated may be shared with the school the child is due to attend.
- I/We give permission for a medical professional to administer medical treatment in the event that parent/guardian cannot be contacted.
- I/We understand that the deposit reserves a place for the child in the chosen term. It is non-refundable if the child does not start at pre-school. The deposit is spent on starting costs needed for my child. It will be treated as a donation to these starting costs unless I/we request for a full credit to the first bill when the child starts at pre-school.

SIGNATURE OF PARENT/GUARDIAN.....

DATE.....

OFFICE USE ONLY:

- Form received by Preschool
- Deposit received
- Email receipt sent
- Entered on to Record of Enrolment and Details

- Contacted to confirm sessions required
- Entered on to Term Intake, Emergency Contact and Newsletter Mailing List
- Welcome Pack sent out & form given to Manager
- Tapestry account set up