



ENROLMENT FORM

Please complete all details and return with a registration fee of £10 to The Playleader, Ramsbury Pre-School, Oxford Street, Ramsbury, SN8 2PG. Cheques should be made payable to "Ramsbury Pre-School". Places cannot be guaranteed without the registration fee.

PLEASE USE BLOCK CAPITAL

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

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

15. Day you would like your child to attend

Monday AM*	Monday PM*	Tuesday AM
Wednesday AM	Thursday AM	Thursday PM
Friday AM		

*Please Note: Children starting in the term of their 3rd birthday may be offered a maximum of 2 sessions, this can be increased in the second term. *Monday sessions are reserved for those children starting primary school 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

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 (in a file accessible to all parents) and agree to comply with the conditions and future conditions that may be applied.

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.

I/We give permission for a medical professional to administer medical treatment in the event that parent/guardian cannot be contacted.

SIGNATURE OF PARENT/GUARDIAN.....DATE.....

OFFICE USE ONLY:

<input type="checkbox"/>	Form received by Preschool
<input type="checkbox"/>	Enrolment fee received
<input type="checkbox"/>	Entered on to Record of Enrolment
<input type="checkbox"/>	Contacted to check sessions still required, etc
<input type="checkbox"/>	Entered on to Term Intake
<input type="checkbox"/>	Welcome Letter sent out & form given to Sue. D