**Preschool Application Form for Ducklings’ Class**

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| **CHILD’S DETAILS** | | | | | | |
| Name: | D.O.B: | | Gender: | | | |
| Home address: | | | | | | |
| Postcode: | | Home Tel: | | | | |
| Religion: | | Ethnicity: | | | | |
| Nationality: | | Home Language: | | | | |
| Sibling’s names and DOB | | | | | | |
| **PARENT/ CARER 1** | | | | | | |
| Name: | | Parental Responsibility? | | Yes | | No |
| Address: | | Work tel: | | | | |
| Mobile tel: | | | | |
| Postcode: | | Occupation: | | | | |
| Email: | | NI number: | | | | |
| Eligibility code for extended (30 hours) funding: | | | | | | |
| **PARENT/ CARER 2** | | | | | | |
| Name: | | Parental Responsibility? | | | Yes | No |
| Address: | | Work tel: | | | | |
| Mobile tel: | | | | |
| Postcode: | | Occupation: | | | | |
| Email: | | NI number: | | | | |
| Eligibility code for extended (30 hours) funding: | | | | | | |

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| **Emergency contact (other than parents)** | | | | | |
| Name: | | | Name: | | |
| Relationship: | | | Relationship: | | |
| Telephone number: | | | Telephone number: | | |
| **Please provide the names of all the adults the child usually lives with** | | | | | |
|  | | | | | |
| **Further details (please complete as accurately and fully as possible)** | | | | | |
| Health and medical information: | | | Special Educational Needs or disabilities: | | |
| Allergies and intolerances (please provide medical evidence): | | | Dietary Requirements: | | |
| **Immunisations** | | | | | |
| Diphtheria | Whooping cough | Tetanus | Polio | MMR | HIB Injection |
| Date: | Date: | Date: | Date: | Date: | Date: |
| NHS number: | | | | | |
| Doctor’s name: | | | Health visitor’s name: | | |
| Surgery name and address: | | | Clinic name and address: | | |
| Tel: | | | Tel: | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sessions Required (please tick)** | | | | | |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning  (9-12) |  |  |  |  |  |
| Afternoon  (12-3) |  |  |  |  |  |
| Breakfast club  (from 7.45-9) |  |  |  |  |  |
| Preferred start date: | | | | | |
| Does your child attend any other settings or childminders? Yes No    Please provide the setting or childminder’s name: | | | | | |
| Do you give us constent to work in partnership with this setting or childminder?    Yes No | | | Setting or childminder’s contact number and email: | | |

Please be aware that this is an initial application form. Once complete we will be in contact with more information with regards to sessions, funding, and fees.

If you have any questions, please do not hesitate to contact us – office@charing.kent.sch.uk