

# **BOUGHTON MONCHELSEA PLAYGROUP**

*Please complete this form and return to Jane Clarke, Playgroup Administrator, 14 Carmans Close, Loose, Maidstone, Kent ME15 0DR or to the Village hall.*

Name of child .....

Name known as .....Male or Female .....

Date of Birth ..... Birth Certificate Supplied .....

Email address .....

Name of parent(s) with whom the child lives .....

.....

Names/ages of any siblings .....

Does this parent have parental responsibility YES/NO (please delete as appropriate)

Address .....

.....

..... Postcode .....

Home telephone .....

Mobile telephone .....

Alternative telephone .....

Name of person with whom the child does not live? .....

Does this parent have parental responsibility? YES/NO (please delete as appropriate)

Address .....

.....

..... Postcode .....

Home telephone .....

Mobile telephone .....

Alternative telephone .....

How did you hear about us?

Word of mouth/Recommendation

Facebook

Website

Other

**Emergency Contact Details**

**Parent 1 - Daytime contact details .....**

**Parent 2 - Daytime contact details .....**

**Persons authorized to collect the child: (must be over 18 years of age)**

**Name .....**

**Telephone/Mobile .....**

**Relationship to child .....**

**Name .....**

**Telephone/Mobile .....**

**Relationship to child .....**

**Is there anyone who should NOT be allowed to collect your child? YES/NO**

.....

**PASSWORD FOR COLLECTION .....**

**Allergies/Dietary Needs:**

**Does your child have any special dietary needs or allergies? Yes/No**

.....

.....

**Medical Information:**

**Name of GP .....**

**Address .....**

**Telephone .....**

**Name of Health Visitor .....**

**Telephone .....**

**Immunisations:**

**Has he/she had the following immunizations?**

**Diphtheria/Tetanus/Whooping Cough/Polio/Hib x 3 YES/NO**

**Measles, Mumps, Rubella? YES/NO**

**Meningitis C? YES/NO**

Is he/she taking any medication? YES/NO

Details .....  
.....

Is there any other medical information that you think that Playgroup should know about him/her? YES/NO

**Medical consent:**

I agree that a trained first aider can treat my child for minor injuries that may occur when they are in the setting. I also agree to the person in charge at the time to give consent on my behalf for an anaesthetic to be administered or for any other medical treatment to be given in an emergency.

Signed ..... Dated .....

Name .....

Relationship to child .....

**Ethnicity/Religion:**

What is the main religion in your family? .....

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated whilst he/she is in our setting?

.....

What language is spoken at home? .....

If English is not the main language spoken at home, will this be your child's first experience of being in an English speaking environment? YES/NO

**Special Educational Needs/Disabilities:**

Does your child have any special needs or disabilities? YES/NO

Details .....  
.....

Are any of the following in place for your child?

Early Support? YES/NO  
Early Help? YES/NO  
Education Health Care Plan YES/NO

What special support will he/she need in our setting? .....  
.....

**What other information is it important for us to know about your child? e.g. what they like/dislike, special words they use, a comforter they may need and when etc.**

.....

**Names of Professionals involved with child:**

**Name .....** **Role .....**

**Agency .....** **Telephone .....**

**Does your family have a social care worker for any reason? YES/NO**

**Name .....**

**Based at .....**

**Telephone .....**

**What is the reason for the involvement of the social care department for your family?**

.....

.....

**Playgroup Policies:**

**Under the Early Years Learning Alliance's Constitution you become a family member of the Playgroup when your child starts. The Playgroup's aims and policies are readily available to any member for inspection at any time.**

**I confirm that I am aware of the Playgroup's policies and know that they are readily available for inspection at any time.**

**Signed .....**

**Parental Consent:**

**Do you give your permission for Playgroup Staff to take the child on occasional visits during Playgroup sessions? YES/NO**

**Data Protection Act 1998/General Data Protection Regulations 2018:**

**Parental consent is required for staff (and occasionally other photographers such as the local press) to take photographs of your child whilst he/she is at Playgroup. Photographs are taken for training purposes, for a child's profile and as a record of what we have done at Playgroup. These photos may also be used for internal displays and may be kept after the child has left. All photographs are deleted from any memory card/sticks once printed for the above purposes.**

**I give consent for ..... (child's name) to be photographed for the purposes outlined above.**

**Signed .....** **Dated .....**

**Fees and Money:**

All fees are payable in advance at the beginning of each term. If the fees are not paid there is a fine of £10 and then £10 per week for each week they remain outstanding. Details of the current fees per session can be obtained from the Playgroup Administrator. Playgroup requires that a term's notice is given if a child has to be withdrawn. Where this is not complied with for any reason a term's fees will be charged in lieu.

If ..... (child's name) has to be withdrawn from Playgroup I will give a term's notice in writing or pay a term's fees in lieu.

Signed ..... Dated .....

Name ..... Relationship to child .....

**Playgroup Sessions and Times:**

The Playgroup is open every day of the week from 9.00 am to 3.45 pm. Except on a Wednesday when it is just a morning session from 9.00 am to 12.00 pm.

Which sessions would you prefer? .....

When would you like your child to start? .....

There is a £20.00 non-refundable administration fee payable when the application form is completed. This includes a Playgroup t-shirt once the child starts and taster sessions prior to them starting. The bank details are: Sort Code: 53 81 51 Account: 13954938

Signed ..... Dated .....

Please note that any sessions requested cannot be guaranteed at any stage.

Please attach a copy of your child's birth certificate - we require a copy of this to be able to claim KCC funding which your child may be eligible for.

Does he/she already attend or has attended another setting?  
YES/NO

Details: .....

**Overall Consent:**

I consent to Boughton Monchelsea Playgroup holding the information contained in this application form securely and note that this information will not be shared with third parties without additional consent from myself.

Signed ..... Dated .....

**NOTE:**

Our waiting list is maintained in age order and we are registered to take children from the age of 2 (space permitting). Preference will be given to children from the Boughton Monchelsea Parish.

In order for your application form to be considered at an appropriate time, please ensure that it is returned by the following times.

September admission - return form by middle of term 5 - mid May

January admission - return form by middle of term 1 - mid October

April admission (spaces permitting) - return form by middle of term 3 - beginning of Feb

These cut off dates should be adhered to if at all possible to help the administration process.

**ETHNICITY FORM: (please complete)**

**White – British** .....

Irish .....

Traveller of Irish Heritage .....

Gypsy/Roma .....

Any other white background .....

**Mixed - White and Black Caribbean**

White and Black African .....

White and Asian .....

Any other mixed background .....

**Asian or Asian British**

Indian .....

Pakistani .....

Bangladeshi .....

Any other Asian background .....

**Black or Black British**

Caribbean .....

African .....

Any other Black background .....

**Chinese**

Chinese .....

**Any other ethnic background**

Please state .....

**Child’s learning difficulties and disabilities status should be recorded according to the following categories:**

**Early Support**

**Early Help**

**Targeted Plan**

**Education Health Care Plan**