



Ashwater Foundation Stage Unit  
Pre-School Application Form

Ashwater Primary School, Ashwater, Beaworthy, Devon EX21 5EW Office: 01409 211228

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| <p><b>Child's Full LEGAL Name (as on birth certificate):</b></p><br><p><b>Date of Birth:</b></p><br><p><b>Gender: Male/Female (delete as appropriate)</b></p>  | <p><b>Preferred Name (if different):</b></p><br><br><br>   |
| <p><b>Address:</b></p><br><br><br><p><b>Tel. No:</b></p><br><p><b>Email:</b></p><br><p><b>NI Number:</b></p>   | <p><b>Emergency Contact Numbers:</b><br/> <u>Priority</u>   <u>Relationship to child</u>                      <u>Tel. No:</u></p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>  |
| <p><b>Mother's/ Guardian's Name:</b></p><br><p>Does this parent have legal responsibility for your child? <b>YES/NO</b><br/>         Does this parent have legal access to your child? <b>YES/ NO</b><br/>         Does your child live with this parent? <b>YES/NO</b></p> <p>If No, please enter address:</p><br><br><p>Contact numbers:</p><br><p>Email address:</p><br><p>Is there an additional adult living at this address?<br/>         (ie step-parent/ partner) <b>YES/ NO</b><br/>         If Yes, please give name(s):</p> | <p><b>Father's Name:</b></p><br><p>Does this parent have legal responsibility for your child? <b>YES/NO</b><br/>         Does this parent have legal access to your child? <b>YES/ NO</b><br/>         Does your child live with this parent? <b>YES/NO</b></p> <p>If No, please enter address:</p><br><br><p>Contact numbers:</p><br><p>Email address:</p><br><p>Is there an additional adult living at this address?<br/>         (ie step-parent/ partner) <b>YES/ NO</b><br/>         If Yes, please give name(s):</p> |
| <p><b>Does your child have any allergies or serious medical conditions? YES/ NO</b><br/>         If yes, please give details of any allergies (including food allergies), serious physical problems or medication.</p><br><br><br><p>Continue overleaf if required</p>   | <p><b>Vaccination Record:</b><br/>         Are your child's vaccinations up to date?</p> <p><b>5-in-1</b> (<a href="#">diphtheria</a>, <a href="#">tetanus</a>, <a href="#">whooping cough</a>, <a href="#">polio</a> and Hib (Haemophilus influenzae type b) <b>YES/NO</b></p> <p><b>MMR</b> (Measles, Mumps, Rubella) <b>YES/NO</b></p> <p><b>ANY OTHER</b> (e.g. TB – including date given)</p>   |
| <p><b>Child's GP:</b></p><br><br><br><p><b>Tel. No:</b></p>  | <p><b>Address:</b></p><br><br><br>   |

**Children will only be released into the care of authorised adults.**

**Other than the named parents/ guardians listed above, please list other adults authorised by you to collect your child.**

| Name | Relationship to Child | Telephone Number |
|------|-----------------------|------------------|
|      |                       |                  |
|      |                       |                  |
|      |                       |                  |
|      |                       |                  |

## OTHER INFORMATION

- Does your child attend any other playgroup/ nursery school? If so, which one?
- Which primary school do you expect your child to go to?
- Is your child on another preschool/ nursery school waiting list, if so which one?
- Ethnic Origin?
- What language is spoken most at home?
- Religion/ Belief? (We are keen to learn about religious festivals for ALL our children)
- Has your child had a two-year-old development check with the health visitor? **YES/NO**
- Is there any other information that you feel we ought to know?

### PLEASE NOTIFY US IMMEDIATELY OF ANY CHANGES TO THESE DETAILS

I have received and read a copy of the Ashwater Foundation Stage Prospectus and understand that this forms the basis of the principles under which the Pre-School operates.

I understand and agree that it is my responsibility to inform the Pre-School of any drugs or medication that my child is prescribed or otherwise administered. I agree to permit the staff at the School to carry out first aid or seek medical attention in emergencies.

|  |         |       |
|--|---------|-------|
| Relationship to Child:<br><br>Please print name: | Signed: | Date: |
|--|---------|-------|

Please indicate below the hours you would like your child to attend our Foundation Stage Unit. We will require proof of Date of Birth and Address in due course.

|                     | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------|--------|---------|-----------|----------|--------|
| <b>9:00 – 12:00</b> |        |         |           |          |        |
| <b>12:00 – 1:00</b> |        |         |           |          |        |
| <b>12:00 – 3:00</b> |        |         |           |          |        |

For details of charges and eligibility for free childcare, please see our website.

|   |
|---|
| Is your child in receipt of funding? Yes / No                           |
| Are you sharing funding with another childcare setting and if so where? |
| How many hours of funding do you wish to claim at Ashwater Primary FSU? |
| <b>What is your N.I number?</b>   |

Signed  
Office Use:

- 
- 
- 

Date

Availability Confirmed  
Entered onto System  
Parent confirmed