

NORTH LEIGH PRE-SCHOOL BREAKFAST CLUB ADMISSION FORM

Please complete this form for admission to the pre-school breakfast club. If you have two children, you need only complete one form. (Please ask for another form if you have more children who want to attend the breakfast club) The provision of accurate information helps us to see that your child(ren) and other children get the best from their time with us. It is important that you tell us if there are any changes to the information you give and, from time to time we may ask you to confirm that the information which we hold is correct. If you have any questions concerning the completion of this form, please contact the pre-school supervisor.

This information is for breakfast club records only. It is a legal requirement for us to keep this information safely and securely stored for a period of 3 years after the child has left. After this retention time, it will be shredded securely.

We will adhere to the principles of the General Data Protection Regulations (2018) when collecting and processing information about you and your child. We explain how your data is processed, collected, kept up-to-date in our Privacy Notice which is attached to the back of this admission form.

PUPIL 1: DETAILS

Surname/family name:

Forename:

Middles Name(s) Chosen Name:

Gender: Date of Birth:

PUPIL 2: DETAILS

Surname/family name:

Forename:

Middles Name(s) Chosen Name:

Gender: Date of Birth:

Child/children's address:

.....

.....

Post code Telephone number.....

1. Parent's name

Address (if different from child)

Home Tel: number

Mobile no:

Email:

It is useful to have an email address to send out news about breakfast club if you are willing to give it, but we use it for no other reason.

Work phone number (for emergency use if necessary)

2. Parent's name

Address (if different from child)

Home Tel: number

Mobile no:

Email:

It is useful to have an email address to send out news about breakfast club if you are willing to give it, but we use it for no other reason.

Work phone number (for emergency use if necessary)

Ethnic group (please circle which group best describes your child's ethnic origin) Optional

Any other Asian background	White/Asian
Bangladeshi	White/Black Caribbean
Indian	Information not obtained
Pakistani	Any other ethnic group
Black Caribbean	Refused to give
African	Any other white background
Any other black background	British
Chinese	Irish
White/Black African	Traveller – Irish Heritage
Any other mixed background	Roma/Roma Gypsy

Religion: (please circle) Optional

Buddhism	Judaism	Prefer not to state
Christianity	Sikhism	
Hinduism	Other	
Islam	None	

DIET

Please advise us below if your child is allergic to any food or drink or if there is any foods/drink that you do not want your child to be given for religious reasons.

.....
.....

MEDICAL DETAILS:

Name of Doctor:

Address of Doctor:

.....

Telephone Number of Doctor:

Please delete as appropriate:

If your child soils him/herself, do we have permission to wash and change him/her?
YES/NO

If it is necessary, do we have permission to apply a hypo-allergenic plaster to your child?
YES/NO

In the event of an emergency, and if ALL contacts listed on this form are unavailable, do we have permission for two members of the Pre-School staff to take your child to an emergency medical unit for treatment, or if necessary, telephone for ambulance assistance?
YES/NO

If your child attends school:

Foundation Class children are accompanied by a member of pre-school staff into their classroom at 8.40am-8.45am.

All other school children attending breakfast club are handed over to the teacher on playground duty at around 8.45am.

EMERGENCY CONTACTS: (NOT PARENTS – TWO OTHERS)

In the event of an emergency we always contact one of the child's parents in the first instance. We do ask, however, that you also give the names and addresses of at least two **other** contacts in the event that we cannot contact you.

Emergency Contact 1:

NAME:

ADDRESS:

HOME TELEPHONE: WORK TELEPHONE:

EMERGENCY CONTACTS: (NOT PARENTS – TWO OTHERS)

In the event of an emergency we always contact one of the child's parents in the first instance. We do ask, however, that you also give the names and addresses of at least two **other** contacts in the event that we cannot contact you.

Emergency Contact 2:

NAME:

ADDRESS:

HOME TELEPHONE: WORK TELEPHONE:

Parent name.....

Parent signature..... Date.....

Breakfast Club times: 7.45am – 8.45am

Requested days:

Monday	Tuesday	Wednesday	Thursday	Friday

Please contact: Angela Buckingham on telephone 01993 880092
Or email: mail@northleighpreschool.co.uk