# P

## Pre-School Application Form

Lilly Brook **Bickley**Bickley Park Cricket Club,
Bickley Park Road,
Bromley, BR1 2AS

Pre-School Manager: Jenna Lindow

Tel: 0751 810 3023

E-mail: <u>Lillybrookbickley@outlook.com</u> Web: www.lillybrookchildcare.co.uk

Dear Parents,

Please find attached an application form for a space at Lilly Brook Pre-school, based in:

Bickley Park Cricket Club.

We ask parents whose children stay all day to provide a healthy packed lunch – no nuts.

Please consider providing your child with the following for Pre-School:

- A named Water Bottle which will come home each evening
- A bag of spare clothes in case your child needs to be changed. (knickers, pants, socks, trousers, tops, skirts, a jumper) Please ensure there are enough items for changing in case of accidents.
- If your child is in nappies, please supply at least x 3 spare in a bag if only at the setting for three hours or x 6 if at the Pre School all day.
- Please include a packet of wipes in your child's bags if they are in nappies and barrier cream of choice.
- Welly Boots or appropriate footwear. Please no sandals as open toes can create opportunity for accidents.
- A warm coat in winter or all weather all in one waterproof suit for warmth and to enable messy play

To process your child's application, we will need you to include the following with your fully completed application form:

- Photocopy of full birth certificate.
- > Completed application form.
- Completed and signed parent contract form.
- ➤ £20 non-refundable registration fee.

If you have any questions, please feel free to get in contact.

Kind Regards Jenna Lindow Pre School Manager

| Please check you have included the fo  | o <mark>llowing:</mark>           |                           |
|--|-----------------------------------|---------------------------|
|  | Parent check list for application | Office only date received |
| Completed application form   |                                   |                           |
| Copy of full Birth certificate   |                                   |                           |
| Parent Contract Form   |                                   |                           |
| Uniform request if applicable  |                                   |                           |
| I am 2-code if applicable  |                                   |                           |
| 30-hour Code if applicable and who   |                                   |                           |
| applied (mum or dad)   |                                   |                           |
| I understand there is a £20 non-<br>returnable registration Fee – date<br>paid |                                   | Date Paid                 |
| Allergies listed on page 4   |                                   |                           |

Please note we will get messy at Pre School because we play with paint, sand and water and go out in all weathers. Therefore, please  $\underline{\text{do not}}$  send your child in in expensive clothes, we do not take responsibility for damaged clothing.

| Signature | Date |  |
|-----------|------|--|
|           |      |  |
|           |      |  |
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|           |      |  |

| Information required  | To be completed in block capitals | Office<br>use<br>only |
|---|-----------------------------------|-----------------------|
| Applying for Bickley send to  | Lillybrookbickley@outlook.com     |                       |
| Religion  |                                   |                       |
| Any poignant dates the family celebrates i.e.   |                                   |                       |
| Christmas, Diwali, Ramadan etc.   |                                   |                       |
| Date of Birth   |                                   |                       |
| Gender  |                                   |                       |
| Childs Legal First names  |                                   |                       |
| Childs Legal surname  |                                   |                       |
| Preferred name if different to legal name   |                                   |                       |
| Home address  |                                   |                       |
| Post code   |                                   |                       |
| Ethnicity (required for Funding)  |                                   |                       |
| Does your child have any allergies?   |                                   |                       |
| Are you in receipt of Disability Living allowance?  If yes please attach a copy of the letter | YES / NO                          |                       |

## Parent /Carer Information

| Please complete in block capitals                            | Parent / carer 1 | Parent / carer 2 |
|--|------------------|------------------|
| Name   |                  |                  |
| Relationship to child  |                  |                  |
| Parental responsibility                                      |                  |                  |
| Lives at same address as child or state address if different |                  |                  |
| Parent date of birth   |                  |                  |
| Parent National insurance number (to access funding)         |                  |                  |
| Email  |                  |                  |
| Mobile telephone   |                  |                  |
| Home telephone   |                  |                  |
| Work telephone and title in case of emergency                |                  |                  |
| Best contact in case of emergency                            |                  |                  |

## Please give us at least 3 alternative emergency contacts.

|   | Emergency contact 1 | Emergency contact 2 | Emergency contact 3 |
|---|---------------------|---------------------|---------------------|
| Contact Name  |                     |                     |                     |
| Relationship to child   |                     |                     |                     |
| Address   |                     |                     |                     |
| Home phone number   |                     |                     |                     |
| Mobile Phone number   |                     |                     |                     |
| Work phone number   |                     |                     |                     |
| Preferred times not to contact and go to alternative emergency contact? |                     |                     |                     |

I declare that all information detailed within this form is true and accurate:

| Signature | Date |
|-----------|------|
|           |      |
|           |      |
|           |      |
|           |      |
|           |      |

Please indicate the sessions you would like. We will do our best to offer you the sessions of your choice.

| Day of week                            | Breakfast club<br>08:30 - 09:00 | AN<br>09:00 -       | 12:00             | 30 hc<br>09:00 - | 15:00   | Lunch of 12:00 - 1 (Inc in 30 l | 3:00                                      | Late se:<br>15:00 - | 16:00 |
|--|---------------------------------|---------------------|-------------------|------------------|---------|---------------------------------|---|---------------------|-------|
| 2-Year-Old                             | £5                              | £2                  |                   | £4               |         | £8                              |   | £8                  |       |
| 3-year-Old plus                        | £4                              | £1                  |                   | £3               | 6       | £6                              |   | £6                  | i     |
| Funded                                 | n/a                             | £(                  | )                 | £0               | )       | n/a                             |   | n/a                 | ì     |
| Monday                                 |                                 |                     |                   |                  |         |                                 |   |                     |       |
| Tuesday                                |                                 |                     |                   |                  |         |                                 |   |                     |       |
| Wednesday                              |                                 |                     |                   |                  |         |                                 |   |                     |       |
| Thursday                               |                                 |                     |                   |                  |         |                                 |   |                     |       |
| Friday                                 |                                 |                     |                   |                  |         |                                 |   |                     |       |
|  | Booked hours in                 | n week              | Funde             | d Hours          | Paid    | l hours                         | Start D                                   | ate                 |       |
| Requested                              |                                 |                     |                   |                  |         |                                 |   |                     |       |
| Granted                                |                                 |                     |                   |                  |         |                                 |   |                     |       |
|  |                                 |                     |                   |                  |         |                                 |   |                     |       |
| Allergies - Does y                     | our child suffer fro            | om allergie         | e <mark>s.</mark> |                  |         |                                 |   |                     |       |
| Yes / No                               |                                 | Who sho<br>should h |                   | notify if an     | attack  |                                 |   |                     |       |
| If yes, please list                    | Allergy                         | What wil            | l happer          | n / what re      | action? |                                 | What medicine or treatment should we use? |                     |       |
|  |                                 |                     |                   |                  |         |                                 |   |                     |       |
| Languages spoke                        | en at home and or               | by child?           |                   |                  |         |                                 |   |                     |       |
| Who will be dropp<br>child from presch | oing off and collect            | ting your           |                   |                  |         |                                 |   |                     |       |
|  | l F                             | lealth Visit        | or                |                  | Doctor  |                                 |   |                     |       |
| Name                                   |                                 |                     |                   |                  |         |                                 |   |                     |       |
| Contact number                         |                                 |                     |                   |                  |         |                                 |   |                     |       |
| Address                                |                                 |                     |                   |                  |         |                                 |   |                     |       |
| Had 8 – 12 Month<br>Had 2 year review  |                                 |                     |                   |                  |         |                                 |   |                     |       |
|  |                                 |                     |                   |                  |         |                                 |   |                     |       |
| Signature                              |                                 |                     |                   | Date             |         |                                 |   |                     |       |
|  |                                 |                     |                   |                  |         |                                 |   |                     |       |

## Further information regarding the child

| Please use this space to detail your child's Birth e.g. full term, premature, early complications or illnesses in infancy etc.   |                               |
|--|-------------------------------|
| This helps identify care plan if needed  |                               |
| Child's preferred method of communication  |                               |
| Do you have any concerns in any of the following areas?  |                               |
| <ul><li>Communication and language</li><li>Physical Development</li><li>Personal Social and emotional Development</li><li>other</li></ul>  |                               |
| Does your child have any siblings?   |                               |
| If yes, please supply  |                               |
| <ol> <li>Name</li> <li>Ages</li> <li>School/home etc.</li> </ol>   |                               |
| This helps gain an all-round view of your child  |                               |
| Please use this space to tell us about any clubs or extra curricula activities your child has taken part in or shown an interest in:   |                               |
| Has your child attended any childcare settings previous to Lilly Brook Pre-School?   |                               |
| Please supply details  |                               |
| Will your child be attending another setting or childminder as well as Lilly Brook Pre-School?   |                               |
| We must know if a child is attending one or mor<br>settings for funding reasons and to ensure we<br>are working in partnership for the best interests<br>and needs of the child. | е                             |
| Do you claim any funding hours from anywhere else? If yes where and how many.  | Yes / No<br>If yes how many – |
| If yes please provide name and contact details of other provision  |                               |
| Signature  | Date                          |
| Signature  | Date                          |

| Signature | Date |
|-----------|------|
|           |      |
|           |      |
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|           |      |
|           |      |

| Consent to share information with other profe  | essionals.                          | N/A | Yes | No |
|--|-------------------------------------|-----|-----|----|
| Children are required to have an integrated healt<br>stages of their development i.e. at two, progressi<br>indicate if we have your permission to share info | ion to school and others. Please    |     |     |    |
| professionals.   |                                     |     |     |    |
| I give permission for my child's name, address at<br>the Health Visiting team when they become two   |                                     |     |     |    |
| I give permission for my child's key worker to cor<br>information in the Red Book following the Health   |                                     |     |     |    |
| I agree to Share information from the heathy chil child's key worker   | d review / child's red book with my |     |     |    |
| I give permission for my child's key worker to sha<br>learning and development directly with other prof  |                                     |     |     |    |
| I confirm permission for staff to seek medical ass<br>hospital if such an emergency arises   | sistance and take my child to the   |     |     |    |
| Permission to treat allergies as listed on page 3  |                                     |     |     |    |
| Does your child have any Health or dietary requi   | rements- please state:              |     |     |    |
|  |                                     |     |     |    |
|  |                                     |     |     |    |
|  |                                     |     |     |    |
| Has your child ever received support from Social   | I services?                         |     |     |    |
| Please give details:   |                                     |     |     |    |
|  |                                     |     |     |    |
|  |                                     |     |     |    |
|  |                                     |     |     |    |
|  |                                     |     |     |    |
| Please state any other requirements:   |                                     |     |     |    |
|  |                                     |     |     |    |
|  |                                     |     |     |    |
|  |                                     |     |     |    |
| declare that all information detailed within this for  | rm is true and accurate:            |     |     |    |
| Signature  | Date                                |     |     |    |
|  |                                     |     |     |    |
|  |                                     |     |     |    |
|  |                                     |     |     |    |

| Permissions – Please initial in appropriate boxes   | •               | Yes | No | Notes and exceptions |
|---|-----------------|-----|----|----------------------|
| Photo's   |                 |     |    |                      |
| I give permission for <b>photographs</b> of my child record of achievement profiles.  | in their own    |     |    |                      |
| I give permission for <b>photographs</b> of my child communications sent to parents.  | for the setting |     |    |                      |
| There will be no faces shown.   |                 |     |    |                      |
| I give permission for photographs of my child f material such as leaflets and posters.  | or promotional  |     |    |                      |
| There will be no faces shown.   |                 |     |    |                      |
| I give permission for photographs of my child to on the website no faces will be shown.  www.lillybrookchildcare.co.uk.   | o be displayed  |     |    |                      |
| Activities  |                 |     |    |                      |
| I give permission for my child for Face painting  | J.              |     |    |                      |
| Administration  |                 |     |    |                      |
| I understand I must give 4 weeks written notice change or terminate my agreed hours.  | e if I wish to  |     |    |                      |
| Payment is still due if child moves funding   | elsewhere.      |     |    |                      |
| I understand and agree to receiving regular coemail / spaces app.   | mmunication via |     |    |                      |
| I understand I will notify the pre-school if nattending pre-school with the reason via erapp or the online portal.  |                 |     |    |                      |
| I understand I must notify the pre-school if pict<br>arrangements change even for one off occasion<br>required)   |                 |     |    |                      |
| I understand I will receive invoice via email if for  | ees are due.    |     |    |                      |
| I understand full fees are payable irrespective<br>by my child through illness, holidays or any oth<br>including public and bank holidays as the plac<br>and cannot be used by another child. | her reason,     |     |    |                      |
| The months fees are payable in advance and days of the invoice or additional fees will be in Additional hours to the funded hours used will   | curred.         |     |    |                      |
| I understand Lilly Brook reserve the right to ch<br>and expenses incurred in recovering late payn<br>charge interest on overdue amounts at the rate<br>month.                                 | nents and to    |     |    |                      |
| Dishonoured cheques/payments will incur an a of £25 per occasion in addition to interest char   |                 |     |    |                      |
| Signature   | Date            |     |    |                      |
| Signaturo   | Date            |     |    |                      |
|   |                 |     |    |                      |

#### **Fees and Funding and Terms**

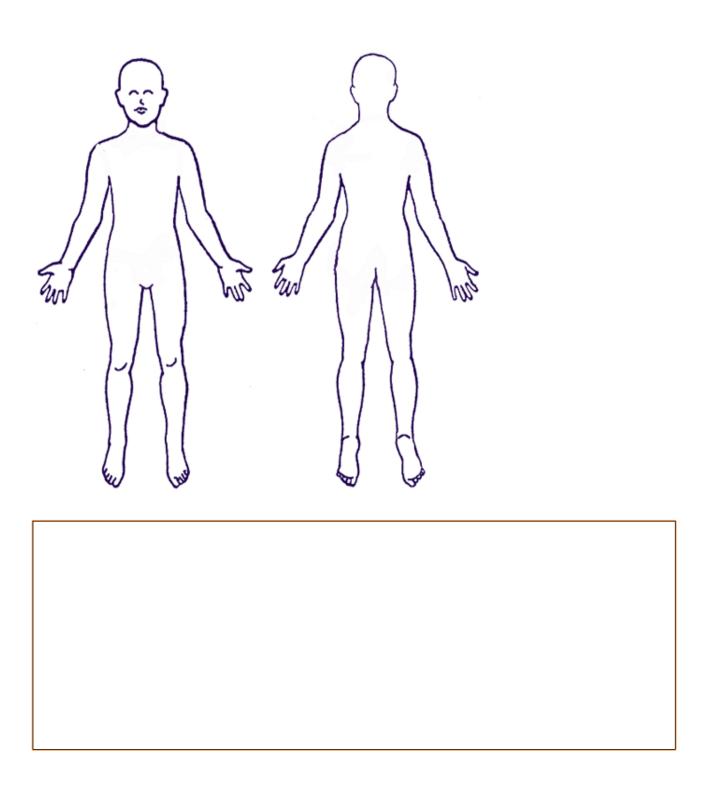
- Full fees are payable irrespective of days missed by your child through illness, holidays or any other reason, including public and bank holidays as the place is reserved and cannot be used by another child.
- ➤ The month's fees are payable in advance and are due within 5 days of the invoice.
- Parents cannot swap sessions if a session is missed due to staff and ratios.
- Once a start date is agreed between the Pre School and yourself, if for any reason your child does not attend the Pre School on the agreed date, fees will still be charged from that date if we do not have 1 calendar months' notice.
- > You must provide us with **four weeks** written notice if your child will be leaving the setting regardless of reason.
- Where the Pre School has to close due to circumstances beyond our control, for example severe weather conditions, fees will be charged as usual.
- Requests for changes to bookings or for extra sessions should always be made in writing or by email.
- A change of booking or additional days is at the discretion of the manager.
- A decrease in attendance requires one month's written notice, as we will need this time to fill the place.
- ➤ We reserve the right to charge for costs and expenses incurred in recovering late payments, and to charge interest on overdue amounts at the rate of 10%per month. For dishonoured cheques/payments a charge of £25 per occasion will be applied.
- If fees are not paid in accordance to the terms and conditions Lilly Brook Childcare LTD reserve the right to withdraw your child's place at the setting.
- Our Fees are reviewed regularly, any increases will be notified 30 days in advance.
- Free early education becomes available to a maximum of 15 hours per week in the term **after** your child's 3<sup>rd</sup> birthday.
- If you are in receipt of your 30 hours funding, you must take responsibility for regularly checking your eligibility. If your circumstances change you must inform us in writing. If you have booked sessions although fail to tell us of changes you will be responsible for any fees incurred.

#### Agreement

I declare that the information given on this contract is correct and complete to the best of my knowledge and belief. I have read and understood the Lilly Brook Childcare LTD's terms and conditions. I agree to be bound by these terms. I accept that I will be personally responsible for the payment of fees and I agree that this document is legally binding.

| Signature | Date |  |
|-----------|------|--|
|           |      |  |
|           |      |  |
|           |      |  |
|           |      |  |

Please use this section of the form to tell us about any scars, existing injuries, or birth marks. You can do this by drawing arrows onto the body maps below and number each arrow. Please use the box underneath to go into detail.



#### **Payments**

Please make payment to

Bank: Metro
Sort Code: 23-05-80
Account Number: 38669613

Please quote your child's name as the reference for transactions for example if your child's name is Johnny English you would reference it as below in bold.

Fees reference: J English

Uniform: J English **Uniform** 

Registration: J English REGISTRATION

Please make separate payments for separate items.

### How to find out if you are entitled to the 2-year-old 15 hours funding

Please follow the link below to check, if you can access the 2-year-old funding so your 2 year old can attend 15 hours fully funded.

https://www.bromley.gov.uk/twoyearoldfunding

How to find out if you are entitled to 30-hour funding

Please follow the link below to check, if you can access the 30-hour funding so your 3 year old can attend 30 hours fully funded.

Apply for 30 hours free childcare - GOV.UK (www.gov.uk)

Please note there is no need to apply for the 15 hours universal funding as we do this on your behalf on receipt of a scanned not photographed birth certificate and funding form signed by the parents and carers with parental responsibility.