

PRIORSLEE ACADEMY – Little Seedlings

Head of School: Mrs J Cooper

Priorslee Avenue, Priorslee, Telford TF2 9RS

Telephone: 01952 387927

School Business Manager: Miss J Hart

e-mail: [Little.Seedlings@taw.org.uk](mailto:Little.Seedlings@taw.org.uk)

Executive Principal: Mr S Tilley

Dear Parents/Carers,

**Little Seedlings Pre-school**

Thank you for your interest in our Pre-School.

Please find enclosed an information leaflet, together with an application form which needs to be completed and returned to the school office. On receipt we will contact you regarding the availability of places and payment for any non-funded hours required.

We also run Breakfast, Lunch and After School Clubs at an additional cost, as explained in the leaflet. If you wish for your child to attend any of these, further information will be provided on how to book and make payments before your child starts.

You will need to register for an iPAL account to book lunches, trips etc.

Please use the following link:

<https://priorsleeacademy.schoolipal.co.uk>

All administrative queries for example, change of hours, contact information, iPAL queries, must be emailed to [Little.Seedlings@taw.org.uk](mailto:Little.Seedlings@taw.org.uk).

We look forward to building a positive relationship with you during your child’s formative years within the Academy.

Yours sincerely,

Mrs J Cooper

**Head of School**



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| **CHILD’S DETAILS** | | | |
| **Full legal name of child:** |  | | |
| **Preferred name of child:** |  | | |
| **Date of birth:** |  | **Boy 🞎** | **Girl 🞎** |
| **Home address:** | | | |
| **Postcode:** | | | |

**Priorslee Academy**

**New Pre School Student Registration Form**

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|  | **PARENT 1** | **PARENT 2** |
| **Priority contact:** | **1 or 2** | **1 or 2** |
| **Parental responsibility?** | **Yes / No** | **Yes / No** |
| **Relationship to child:** |  |  |
| **Title & full name:** | **Mr/Mrs/Miss/Ms** | **Mr/Mrs/Miss/Ms** |
| **Parent D.O.B** |  |  |
| **Email Address:** |  |  |
| **Home phone:** |  |  |
| **Mobile phone:** |  |  |
| **Work phone:** |  |  |
| **Address: leave blank if same as child.** |  |  |
| **Postcode:** |  |  |
| **Member of the Armed Forces?** | **Yes / No** | **Yes / No** |
| **Contact restrictions with child? If yes, please give details.** |  |  |

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| **PREVIOUS SETTING** | | | | |
| Name and address of previous nursery (if applicable): | | | | |
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| **ETHNIC BACKGROUNDS, LANGUAGE AND RELIGION** | | | | |
| **Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.**  **Please study the list below and tick one box only to indicate the ethnic background of the pupil or child named above:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **WHITE** | | **ASIAN OR ASIAN BRITISH** | | **BLACK OR BLACK BRITISH** | | | **British** |  | **Indian** |  | **Caribbean** |  | | **Irish** |  | **Mirpuri Pakistani** |  | **Japanese** |  | | **Traveller of Irish heritage** |  | **Other Pakistani** |  | **Korean** |  | | **White European** |  | **Bangladeshi** |  |  |  | | **Gypsy/Roma** |  | **Any other Asian background** |  |  |  | | **Any other White background** |  |  |  |  |  | | **MIXED/DUAL BACKGROUND** | | **ANY OTHER ETHNIC GROUP** | |  | | | **White and Black Caribbean** |  | **Chinese** |  |  |  | | **White and Black African** |  | **African** |  |  |  | | **White and Asian** |  | **Any other Black background** |  |  |  | | **Any other mixed background** |  |  |  |  |  |  |  |  |  | | --- | --- | --- | | **LANGUAGE** | **Home:** |  | | **Additional:** |  | | **RELIGION** |  | | | **NATIONALITY** |  | | | **COUNTRY OF BIRTH** |  | | | **DISABILITY** |  | | | | | | |
| **ADDITIONAL EMERGENCY CONTACT(S)** | | | |
| **BY PROVIDING US WITH THIS CONTACT INFORMATION, YOU ARE CONFIRMING THAT THE BELOW PERSON(S) HAVE CONSENTED TO THEIR INFORMATION BEING HELD BY PRIORSLEE ACADEMY.** | | | |
|  | **1** | **2** | **3** |
| **Name:** |  |  |  |
| **Telephone number(s):** |  |  |  |
| **Relationship to child:** |  |  |  |
| **Authorised to collect child?** | **YES / NO** | **YES / NO** | **YES / NO** |
| **Collection password to be given to those authorised to collect. Guardians will not be able to collect children without this password.** | |  | |
| **Does your child have a sibling at Priorslee Academy or Priorslee Pre-School?** | | **Please provide their name(s)** | |

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| **CHILDCARE SESSION PLAN – PLEASE TICK AS REQUIRED**   * **15 HOURS PER WEEK ARE FUNDED BY THE DEPARTMENT FOR EDUCATION FOR CHILDREN OVER 3** * **IF YOU ARE ELIGIBLE FOR 30 HOURS FREE CHILDCARE PLEASE PROVIDE YOUR CODE BELOW** * **IF YOU HAVE APPLIED SUCESSFULLY FOR EARLY YEARS FUNDING FOR TWO YEAR OLDS PLEASE INDICATE THIS BELOW** * **UNTIL YOU RECEIVE YOUR CONTRACT OF HOURS, YOUR REQUESTED HOURS ARE NOT CONFIRMED.** | | |
| **Start Date:** | | |
|  | **Morning (8:45-11:45am)** | **Afternoon (12:30-3:30pm)** |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  |  |
| **Friday** |  |  |

**\* Please note, changes to these hours can only be made on a half termly basis.**

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| **DfE Eligibility Reference Number (DERN)**  **30 HOURS CHILDCARE 11 DIGIT CODE (if applicable) THREE YEAR OLDS ONLY** |  |
| **EARLY YEARS FUNDING CODE (TWO YEAR OLDS)** |  |
| **National Insurance No:** |  |

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| **DOCTOR’S DETAILS** | |
| **Doctor’s name:** | **Doctor’s telephone number:** |
| **Doctor’s address:** | |
| **Health visitor’s name:** | **Health visitor’s telephone number:** |

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| **MEDICAL DETAILS** | | |
| **Does your child have any medical conditions we should be made aware of? For example, allergies or long-term medication. Please give details:** | | |
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| **Do you give permission for staff to administer first aid?** | | **Yes 🞎 No 🞎** |
| **I consent to necessary or emergency medical treatment to be sought and administered including anaesthetic and blood transfusions, as considered necessary by the medical authorities?** | | **Yes 🞎 No 🞎** |
| **SPECIAL DIETARY REQUIREMENTS** | | |
| **Does your child have any special dietary requirements? e.g. vegetarian. Please give details:** | | |
|  | | |
| **FRUIT AND MILK** | | |
| **Do you give permission for your child to have free fruit?** | **Yes 🞎 No 🞎** | |
| **Do you give permission for your child to have free milk?** | **Yes 🞎 No 🞎** | |

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| **OTHER** |
| **Is there any other information related to the care of your child of which we should be aware?**  **Please give details:** |

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| **PERMISSIONS** | |
| **Do you give permission to take your child on outings/educational visits?** | **Yes 🞎 No 🞎** |
| **Do you give permission for photographs of your child for development files and displays?** | **Yes 🞎 No 🞎** |
| **Do you give permission for photographs of your child to be used for promotional purposes? e.g. newspaper, TV, school newsletter, prospectus** | **Yes 🞎 No 🞎** |
| **Do you give permission for photographs of your child to be used on the school website?** | **Yes 🞎 No 🞎** |

**Two Year old Provision Only**

**Sleep**

Please provide details of your child’s nap time if a nap is needed e.g. dummy/special toy/ time of nap

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**Intimate Care**

* Children should arrive in a clean nappy.
* Children will be encouraged to use a potty/sit on the toilet if this is appropriate/depending on age.
* Nappies will be changed no longer than 3 hours apart
* Parents will be advised on the number of wet/soiled nappies.
* Parents will provide nappies and wipes.

I give consent for my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to have his/her nappy changed, as and when needed but no more than 3 hours apart.

Signed parent / carer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fees:**

**I understand and acknowledge that the fee due for my child’s place is to be paid per calendar month and is paid one month in advance, directly into iPAL via STRIPE. I further agree to give 6 weeks’ notice or payment in lieu of notice if I wish to withdraw my child from the pre-school. I understand that failure to pay said fees may result in loss of childcare provision.**

**Additional Funding: All information is available on our website.**

I have read the:  **ELIGIBLE?**

* Disability Access Fund (DAF) ❒
* Early Years Pupil Premium ❒
* Early Years Funding (two year olds) ❒
* 30 Hour Code Eligibility (three year olds) ❒

❒ I confirm **I am / am not** eligible for one or more of the above

**Funding:**

**I understand and acknowledge that if my child’s care is funded by a third party and that party withdraw funding at short notice I will be liable for any fees accrued. I understand that I am liable for 6 weeks’ notice or payment in lieu if funding is withdrawn.**

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| **Signature:** |  | **Date:** |  |