

Menston Preschool
 Kirklands Community Centre
 Main Street
 MENSTON
 Ilkley
 West Yorkshire
 LS29 6HT
 Tel: 01943 876252
 Email:office@menstonpreschool.org



APPLICATION FORM

Child's Full Name	Date of Birth: Gender:	Name to be known as (spelling)	
Parents / Guardian's Names (those with parental responsibility)	Home address		
Other children in the family (names and DOB and school they attend if applicable)	Contact No.		
	Email		
Ethnic Group	Religion	First Language	
Name of family doctor	Address	Contact. No.	
Has your child been immunised against tetanus?	YES	NO	Date
Can we give your child emergency treatment if necessary?		YES	NO
Are there any medical details it would be helpful for Preschool to know about e.g., allergies, treatment being received, illnesses etc.)			
Does your child have any additional needs it would be useful for us to know about?			
Previous/current attendance at any other preschool, nursery or parent and toddler group			
Can we take your child out for a walk?	YES	NO	
We take photographs and videos of the children participating in activities. These are kept in your child's Learning Journey (Tapestry).			
Can we take photographs of your child for Tapestry – accessed only by staff and parents.	YES	NO	
Can we use your child's photo to promote our setting on our Facebook page?	YES	NO	
We share the Tapestry learning journey with Primary School teachers at transition. Do you give your permission for this?	YES	NO	
If your child attends another setting, if so, we would like to share information. Do you give your permission for this?	YES	NO	

When your child starts at pre-school what are your **preferred** sessions:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (9 – 12)					
Afternoon (12 or 12.30– 3.00)					

Your child will be eligible to start at Pre-School when they are 2 ½ years old. Please indicate below when you would like them to start.

September / January / April and year **20**..... (Please specify)

Signed _____

Date _____