



# Churchill Pre-School

Memorial Hall, Ladymead Lane  
Churchill, North Somerset, BS25 5NH

[www.churchillpreschool.co.uk](http://www.churchillpreschool.co.uk)

[www.facebook.com/churchillpreschool](https://www.facebook.com/churchillpreschool)

Reg. charity number 1044073

Child's name: \_\_\_\_\_

Name known as: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Male/Female

Name of parents/carers the child lives with:  
\_\_\_\_\_

Does this parent/carer have parental responsibility? Yes/No

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

Name of parent the child does not live with?  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

Does this parent have parental responsibility? Yes/No

Does this parent have legal access to the child? Yes/No

**EMERGENCY CONTACT DETAILS**

**Parent 1 - Home:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Parent 2 - Home:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Other emergency contact:**

**Name:** \_\_\_\_\_

**Relation to child:** \_\_\_\_\_

**Phone number(s):** \_\_\_\_\_

**Persons authorised to collect child (other than parents):**

**Name:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Phone number(s):** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Phone number(s):** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Phone number(s):** \_\_\_\_\_

**PERSONAL DETAILS OF CHILD**

**Who does your child live with i.e. siblings?** \_\_\_\_\_

\_\_\_\_\_

**What is important to your child? For example, what do they like, do they have any fears, are there special words they use, what comforter they may need and when?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does your child have any health needs or dietary requirements?** **Yes/No**

\_\_\_\_\_

\_\_\_\_\_

**How would you describe your child's ethnicity or cultural background?**

\_\_\_\_\_

**What is the main religion in your household?**

\_\_\_\_\_

**Are there any festivals or special occasions celebrated by your family or culture that your child will take part in and that you would like to see acknowledged and celebrated while your child is in our setting ?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What language(s) are spoken at home?** \_\_\_\_\_

**If English is not the main language at home, will this be your child's first experience of being in an English speaking environment?** **Yes/No**

**Does your child have any additional needs or disabilities?**

**Yes/No**

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**What support will your child require in our setting?**

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**Please provide details of the professionals supporting your child? Include any social worker input or on-going health visitor support.**

**Name:** \_\_\_\_\_

**Profession:** \_\_\_\_\_

**Agency/Service:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Profession:** \_\_\_\_\_

**Agency/Service:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Profession:** \_\_\_\_\_

**Agency/Service:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**YOUR CHILD'S SERVICE**

**When would you like your child to start at the pre-school?** (Please be specific as you will be charged for those sessions not attended\*)

DD / MM / YYYY

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**Which days/sessions would you like your child to attend?**

**Monday:** AM  PM  Lunchtime Club

**Tuesday:** AM  PM  Lunchtime Club

**Wednesday:** AM  PM  Lunchtime Club

**Thursday:** AM  PM  Lunchtime Club

**Friday:** AM  PM  Lunchtime Club

*\*Please note you will be charged for the sessions booked NOT just the sessions attended so if you book your child for an all day session and subsequently pick them up at lunchtime, you will still have to pay for the whole session.*

*If you would like to extend your child's morning session, there are opportunities to book into our lunchtime club. It runs every day from 12.00 to 1.15pm and costs £4.00 a session payable in advance.*

*We will try our best to accommodate all your preferences, according to the session availability we have. We will also discuss a settling in plan with you for your child.*

*Parents/carers are required to pay a **£10.00 non-refundable deposit** to secure their child's place. Please make cheques payable to Churchill Pre-School and send with your completed booking form.*

**Does your child receive funding for Pre-School sessions?** **Yes/No**

**Parent/Carer Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Updated June 2015)