

# PLAY ALONG (PRE-SCHOOL) APPLICATION & EMERGENCY CONTACT FORM

Please complete all sections in block capitals and in ink.

**FULL NAME OF STUDENT** ..... **D O B.** .....

(Underline the forename to be used)

**HOME ADDRESS** .....

**POST CODE** ..... **HOME TEL NO.** .....

**Please state who has legal contact with the child (Mother, Father, legal guardian and who has parental responsibility for the child (anyone who has legal contact or who has been given parental responsibility by a person with legal contact)**

.....  
 .....

**In case of emergency etc please enter in the brackets order of priority for contact. Example : 1st, 2nd etc.**

Name of Parent/Carer ( )	Name of Parent/Carer ( )
.....	.....
NI Number -needed to claim Free Grant entitlement,	NI Number -needed to claim Free Grant entitlement
.....	.....
D.O.B. ....	D.O.B. ....
Address .....	Address .....
.....	.....
Home Tel No. ....	Home Tel No. ....
Mobile No. ....	Mobile No. ....
Work Tel. No .....	Work Tel No .....
Place of Work .....	Place of Work .....
Email .....	Email .....

**Please list 3 contact names, with their signatures, to show permission to be a contacted In an emergency (GDPR)**

NAME	SIGNATURE	RELATIONSHIP	DAYTIME TEL.NO.
.....	.....	.....	( )
.....	.....	.....	( )
.....	.....	.....	( )

**PLEASE SIGN THIS FORM OVERLEAF TO GIVE PERMISSION FOR EMERGENCY TREATMENT OR ADVICE TO BE GIVEN TO YOUR CHILD**

NAME OF DOCTOR ..... PRACTICE NAME .....

NHS NUMBER ..... (OPT) PRACTICE TEL.NO. ....

Does your child have any medical conditions/allergies (including food allergies) of which you wish the school to be aware? YES/NO If YES please give details:

.....  
 .....

When did your child last have an anti-tetanus injection? Date .....

**Asthma Sufferers only** : known triggers (eg exercise, allergies etc) .....

Please complete Inhaler Care Plan providing information regarding -Normal Inhaler Routine and Emergency Routine, available from Play Along staff.

**Please note, as with all medicines – parents are responsible for ensuring that inhalers are within the use by dates. Inhalers/medicines must be removed from school premises during holidays.**

(Please note school staff cannot administer medicines and inhalers without written instruction/advice. Parents must complete a medicine form, available from Play Along staff.)

**PLEASE COMPLETE THE INFORMATION ON THE BACK OF THIS FORM ALSO.**

Religion of Student ..... Language Spoken at Home .....

Previous School and/or Nursery School Attended .....  
 Address ..... Dates .....  
 (Please include the address of the previous school)

**I CONFIRM THAT THE INFORMATION GIVEN ON THIS FORM IS CORRECT  
 (PLEASE DELETE AS NECESSARY)**

**I \*give / \*do not give** permission for emergency services to be called or emergency resuscitation to be given should a qualified First Aider and Headteacher (or his/her deputy) so advise.

SIGNATURE ..... (PARENT/ GUARDIAN) DATE .....

**ADMISSION CRITERIA FOR PLAY ALONG**

- Children who:
1. Are due to start School in the next academic year
  2. Are eligible for Early Education Grant and wish to use the full 15 hrs (Pre-school only)
  3. Eligible and wish to use extended entitlement of upto 30 hrs (pre-school & B/A club)
  4. Are eligible for Education Grant and wish to use less than 15 hrs
  5. Are not eligible for funding but wish to pay for sessions
  6. Regardless of special needs or disability above criteria apply

**NB:** The acceptance of this form by the Manager of Play Along, duly completed does not constitute a promise of admission but your application will be carefully considered and the claims of your child weighed against the claims of other children. If any of the above information changes please notify Play Along immediately.

*Parents / Guardians should note that there is no guarantee that a child who has a place in Play Along will automatically secure a place at Millbrook Primary. Equally, there is no obligation for a child to attend Millbrook Primary.*

Please sign below to confirm that you have given Mrs Valentine a secure password to be used by anyone other than yourself who collects your child from Play Along.

I am aware that Policies and Procedures are available to parents to share and are located in the Play Along area.

Parent's Signature ..... My password is .....

**NUMBER OF SESSIONS REQUIRED (PLAY ALONG PRE -SCHOOL) (Please complete as appropriate)**

SESSION	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	TOTAL
AM 9.00 – 12.00						
PM 12.00 – 3.00						
ALL DAY 9.00 – 3.00						

Start Date

Sep 2020	Jan 2021	Apl 2021	FOR OFFICE USE ONLY
			Birth Certificate Seen ..... UPN Number (If applicable) .....

**NUMBER OF SESSIONS REQUIRED (GETALONG BEFORE & AFTER SCHOOL) (Please complete as appropriate)**

Session	Cost	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Morning 7.45 – 8.50	£4.25						
Afternoon 1 3.15 – 4.15	£4.25						
Afternoon 2 3.15 – 5.15	£7.25						
Any other / alternative requirements							