****Martock Road

Long Sutton

Langport

Somerset

TA10 9NT

Tel: (01458) 241434

Email: [enquiries@longsuttonprimary.co.uk](mailto:longsuttonprimary@educ.somerset.gov.uk)

**Application Form**

**PLEASE READ THESE NOTES BEFORE COMPLETING THIS FORM**

All relevant sections of the form **must** be completed as fully as possible or the form will be returned to you.

This form should be used by parents/carers requesting a place at Toybox. You must complete a separate application for each child.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Legal Surname** |  | | | | | | | | | | | | | |
| **Preferred Surname** |  | | | | | | | | | | | | | |
| **Legal forename** |  | | | | | | | | | | | | | |
| **Preferred Forename** |  | | | | | | | | | | | | | |
| **Middle Name(s)** |  | | | | | | | | | | | | | |
| **Gender** |  | | | | | | | | | | | | | |
| **Date of Birth** |  | | | | | | | *Birth Certificate seen and verified by* | | |  | | | |
| **Date of admission** |  | | | | | | | | | | | | | |
| **Sessions Required – please tick** |  | | Monday | | Tuesday | | Wednesday | | | Thursday | | | Friday | |
| AM (8.45 -12.45) | |  | |  | |  | | |  | | |  | |
| PM (12:45 -3:15) | |  | |  | |  | | |  | | |  | |
| Any additional information | |  | | | | | | | | | | | |
| **Do you require wraparound care?** | Extended hours may be available using the school Breakfast Club (from 7:45 – 8.45) and 3.30 Club (from 3.30 – 5:45pm). Please tick as appropriate and we will be in touch with further information. | | | | | | | | | | | | | |
|  | Monday | | Tuesday | | Wednesday | | | Thursday | | | Friday | | |
| Breakfast Club |  | |  | |  | | |  | | |  | | |
| 3.30 Club |  | |  | |  | | |  | | |  | | |
| **Home Address** |  | | | | | | | | | | | | | |
| **Postcode** |  | | | | | | | | | | | | | |
| **Religion** |  | | | | | | | | | | | | | |
| *Do you have any religious objections to your child taking part in religious festivals/performances (Please tick)* | | | | | | | | | | | *Yes* | | | *No* |

**Parents contact information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority** | **Legal Parental Responsibility**  (T=Yes, Blank or F=No) | **Parent Title & Full Name/Relationship** | **Home address, telephone and email** | **Work Address & contact details** |
| 1 |  |  | ***Address:***  ***Tel:***  ***Mobile:***  ***Email:*** | ***Address:***  ***Tel:***  ***Mobile:***  ***Email:*** |
|  |  |  | ***Address:***  ***Tel:***  ***Mobile:***  ***Email:*** | ***Address:***  ***Tel:***  ***Mobile:***  ***Email:*** |

**additional Emergency Contacts:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority** | **Parental Responsibility**  (T=Yes, Blank or F=No) | **Contact Title & Full Name/Relationship** | **Home address & contact detailsl** | **Work address & contact details** |
|  |  |  | ***Address:***  ***Tel:***  ***Mobile:***  ***Email:*** | ***Address:***  ***Tel:***  ***Mobile:***  ***Email:*** |
|  |  |  | ***Address:***  ***Tel:***  ***Mobile:***  ***Email:*** | ***Address:***  ***Tel:***  ***Mobile:***  ***Email:*** |

**Medical information**

|  |  |
| --- | --- |
| **Medical Practice:** |  |
| **Practice Address:** |  |
| **Practice Tel No:** |  |
| **Health Visitor:** |  |

**Other Agency involvement**

|  |  |
| --- | --- |
| **Speech & Language:** |  |
| **Social Worker:** |  |
| **PFSA:** |  |
| **Other:** |  |

**Medical Conditions *(does your child have any ongoing Medical Conditions/allergies/drug sensitivity)***

|  |
| --- |
|  |

**Dietary Needs *(does your child have any ongoing Dietary needs/allergies)***

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| --- |
|  |

**Please note - As part of Ofsted recommendations we are required to ask Parents to advise the preschool of any injuries your child may have sustained at home or on the way to preschool**

**Parental consent**

|  |  |
| --- | --- |
| **I am happy for** | **Please tick as appropriate** |
| Photographs to be uploaded to the Long Sutton Primary School Website / Facebook and Twitter |  |
| Photographs may be used in publications such as local newspapers and promotional material |  |
| My child to play with outside equipment such as climbing frame, trampoline, sand/water activities, mud kitchen and sit on toys. |  |
| My child to have supervised access to any pets and animals brought into Toybox |  |
| My child to have sun protection cream applied by a member of Toybox staff |  |
| My child to have Nappy Cream applied if necessary by a member of Toybox Staff |  |
| My child to go on off-site activities offered by Toybox during school time - for example: Welly Walks, Church visits, Easter egg hunt or visiting a farm. |  |
| A pen picture of my child and samples of their work to be given to Long Sutton primary School reception teacher as part of the transition procedure |  |
| In case of an emergency, Toybox to contact the emergency services/doctor for the treatment of my child |  |
| That on-going observations will be undertaken and recorded to follow and assess their development, in the form of witness statements or photographs |  |

**Collection of my child from Toybox pre-school**

On occasions I/we may not be able to collect my/our child. I give permission for another family member or child minder to collect my child,

Authorised names are as below:

|  |
| --- |
| Name |
|  |
|  |
| Password used if required: |

**I understand that I must give half a terms notice if my child is leaving Toybox Preschool**

|  |
| --- |
| The school is classed as a Data Controller under the Data Protection Act and as such has a duty to process any personal information obtained and held by them according to the Data Protection Principles. The school also has a statutory duty to share some or all of this information with other Professional bodies as set out in the school’s Privacy Notice. Should you have any queries in relation to this please contact the school directly. |
| **Signature: Date:** |