Parkway Pre-School

Christchurch Community Centre, 110 Parkway, Welwyn Garden City, Herts. AL8 6HN Registration Form

Child's Name	's Name Pi		d Name	Surname		Date of Birth	
Gender		NHS Nur	nhor	DFE Ethnic Code*		Homolo	anguago.
Gender		INHS INUI	nbei	Dre ettilite code		Home La	inguage
Address				Town		Postcode	
Parent Name 1		Surname		Tel		Mobile	
Do you have parental respon		nsibility for this child?		Yes		No	
Parent Name 2		Surname		Tel		Mobile	
Do you have parer	ntal respor	nsibility for this child?		Yes		No	
Parent 1 Email			Parent 2 Email				
Who does the child	d usually l	ive with?					
Carer/Childminder	-	Tel		Mobile			
			Emergency Contact	s Excluding Parents			
Emergency contact 1		Tel		Mobile		Relationship	
Emergency contact 2		Tel		Mobile		Relationship	
Please indicate your preferred start date							
Starting Term		Year		Start Date		Or ASAP	
		Plea	se indicate which se	essions you would pr	efer.		
9:00 – 12:00	Monday		Tuesday	Wednesday	Thursday		Friday
9:00 – 15:00	Monday		Tuesday	Wednesday	Thursday N/		N/A
Supported Families code: 15 hours for 2-year-old Working Families code: 30 hours for 2- 4-year-olds Please also provide parents' NI Numbers for All children				Funding Code: NI Number: NI Number:			

Funding: If my child is funde	d, I will be sharing this fund	ing with another setting/carer	as follows				
Setting/Carer	Tel/Mobile	Parkway Hours/Week	Away Hours/We	eek			
Does your child have any special needs or disabilities?	What (if any) special suppo	ort will your child require in o	ur setting?				
Yes/No If yes please provide details below.							
Was your child born premat term)	urely? (If yes, please state						
Professionals working with y	our family (e.g. Speech & La	anguage, Physiotherapist, CDC	C, Social Services)				
Name Agency Role Telephone no		Name Agency Role Telephone no					
Cons	sent – to grant or deny pern	nission please select as approp	oriate:				
I give permission for an onlin	ne Footsteps learning journe	ey to be created and maintain	to be created and maintained for my child.				
I give permission for photos/videos of my child to be used in this learning journal, on the understanding that they may also appear as part of a group photo or video in other children's journals					No		
I consent for recognisable photos of my child to be used within the setting as part of normal practice, such as in the pre-school birthday book and name cards					No		
I consent for recognisable photos of my child to appear on the Parkway pre-school website.							
I give permission for suncream to be applied to my child. In the event of any allergies, I will supply appropriate suncream.							
	Age	a a monto					
		eements					
I have completed all sections	s of the registration form.		_				
Parent Signature		Date					
I have read and hereby agre	e to the Terms and Condition	ons of Parkway Pre-School					
Parent Signature		Date					
	Med	lical Data					
Allergies/Food Intolerance							
Special Medication							
	Emergency I	Medical Consent					
		chool to authorise the provision					

Date

Parent Signature

TERMS and CONDITIONS

Registration

To register your child for a place at Parkway Pre-School you will need to complete our Registration Form.

Fees

Attendance fees are calculated on a sessional basis and exclude bank holidays. They are charged termly in advance and can be paid online. There is also a registration fee of £25. This does not apply if your child will be attending sessions covered by government funding.

If you are unable to pay the full fee in advance, we will accept half-termly payments, beginning at the start of each half-term. No discounts or refunds are available for holiday or sickness absence, special events that replace the normal session (usually held on a Friday), or closure due to unforeseeable conditions (e.g. adverse weather). Please also be aware that sessions are not transferable - an absent child cannot give their session to another child or swap it for another day.

Funding

When your child becomes eligible for funding you will be required to define your claim on a Parent Declaration Form which we will send to you. We accept 15/30-hour funding, (If you are eligible). You will need to show us your child's birth certificate as well as having filled in the above form completely to enable us to claim the funding. Please feel free to contact us if you need help understanding the funding system, as it can get complicated.

We ask for a voluntary contribution of £2 per 3-hour session towards consumables once your child is funded.

Notice

We require 6 weeks' notice in writing if you wish to cancel your place at the pre-school or reduce the sessions allocated. Any refund will be calculated accordingly. If you are claiming funding, you may cancel without notice, but you will need to complete a Leaving Certificate to take your remaining funding elsewhere.

Lunch club

Lunch club is available Monday to Thursday, between 12 -1pm at a cost of £7 per hour.

* DFE Ethnic Codes

Any Other Asian Background
Any Other Black Background
Any Other Ethnic Group
Any Other Mixed Background
Any Other White Background
Bangladeshi
Black African
Black Caribbean
Chinese
Gypsy/Roma
Indian
Pakistani
Traveller of Irish Heritage
White British
White Irish
White and Asian
White and Black African
White and Black Caribbean
Refused