

# Caversham Heights Pre-School



## Registration Form

This application places your child on our waiting list. We will contact you as soon as a suitable place is available. Our main intake is in September, but if spaces are available we also welcome children to join us in January and April. Children must be at least 2.5 years old on joining Pre-School. Completion of this form does not guarantee a place for your child. If you no longer require a place, please inform us and we will delete the details on this application form. Full details of our admissions process can be found here: <http://cavershamheightspreschool.org/about-us/our-policies/>

### Child's Details

|  |  |            |  |
|--|--|------------|--|
| <b>Surname</b>                         |  |            |  |
| <b>First Name</b>                      |  |            |  |
| <b>Calling Name<br/>(if different)</b> |  |            |  |
| <b>Date of Birth</b>                   |  | <b>Sex</b> |  |

### Parental Responsibility

|                              |  |
|------------------------------|--|
| <b>Relationship to Child</b> |  |
| <b>Name</b>                  |  |
| <b>Address</b>               |  |
| <b>Postcode</b>              |  |
| <b>Telephone</b>             |  |
| <b>Mobile</b>                |  |
| <b>Email</b>                 |  |

|                              |  |
|------------------------------|--|
| <b>Relationship to Child</b> |  |
| <b>Name</b>                  |  |
| <b>Address</b>               |  |
| <b>Postcode</b>              |  |
| <b>Telephone</b>             |  |
| <b>Mobile</b>                |  |
| <b>Email</b>                 |  |

### Admissions Information

|   |  |
|---|--|
| <b>Preferred Start Date</b>   |  |
| <b>Previously Attended Pre-School/Nursery</b>   |  |
| <b>Past Connection with the Pre-School</b>  |  |
| <b>Will your child attend Pre-School until school age?</b>  |  |
| <b>Does your child qualify for 2-year-old funding?</b><br>(more information can be found here:<br><a href="http://cavershamheightspreschool.org/about-us/session-times/">http://cavershamheightspreschool.org/about-us/session-times/</a> ) |  |

### **Information About Your Child**

**Does your child have any condition that affects their mobility? If yes, please detail:**

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**Do you have any concerns over your child's development to date or has your child been diagnosed as needing support in any area of their development? If yes, please detail:**

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### **Where Did You Hear About Us?**

**Where did you first hear about Caversham Heights Pre-School?**

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**If we were recommended to you by a current pre-school family, please share their surname with us:**

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### **Registration Donation**

We respectfully suggest a voluntary donation of £20 to cover administration costs on return of this form. Please make a BACS payment to "Caversham Heights Pre-School" sort code 20-71-03, account number 50722294, payment reference "donation: your child's name."

### **Consent Declaration**

I confirm that the information provided on this form is correct. I understand that this application form and an offer of a place is subject to the Pre-School Term and Conditions, which can be found on the Pre-School website (<http://cavershamheightspreschool.org/about-us/our-policies/>). I give permission for Caversham Heights Pre-School to store and process my personal data in accordance with the Pre-School Privacy Notice.

|                   |  |
|-------------------|--|
| <b>Signed</b>     |  |
| <b>Print Name</b> |  |
| <b>Date</b>       |  |

Please return this form to Registrations, Caversham Heights Pre-School, 74 Highmoor Road, Caversham RG4 7BG or via email to [info@cavershamheightspreschool.org](mailto:info@cavershamheightspreschool.org)