



# Yaxley & Mellis Pre-school



## HOLDING FORM

Please fill in and return the following to Pre-school as soon as possible.

Fees; are charged at an hourly rate for those children,  
doing more than 2.5 hrs per week £3.60 an hour, 2.5 hrs or less per week £4.60 an hour.

I require a space for my daughter/son as from

.....

I would like my daughter/son to attend on the following days (e.g. Monday, am or pm). We recommend two sessions per week this could be one whole day 9am - 3pm or two half day (2.5 hours) sessions

.....

Please enclose a deposit of £25.00 and tick the appropriate boxes. Thank you

My child will be claiming their Early Education Grant Funding of up to 15 hours when they start at pre-school. Yes  No  I will be paying for my child's sessions.

I will be requiring over 15 hours, Yes  No  if I am not eligible to receive Early Education Grant Funding up to 30 hours I understand I will be paying for these hours as extras. Yes

My child will be claiming their Early Education Grant Funding of up to 30 hours when they start at pre-school. Yes  No  To claim the additional 15 + hours, you will be required to provide us with your eligibility code.

If your child will be using up to 15 hours of Early Education Grant Funding you have the option to have your deposit refunded or utilised to receive a preschool t-shirt, book bag & water bottle. I wish to be refunded  Utilised for Uniform

Name of Child .....

Date of Birth .....

Home Address .....

.....

Home tel no: ..... Mobile tel no: .....

Email Address: .....

Child's First Language: .....

To enable us to provide your child with any requirements that they may need to gain as much as they can from our pre-school experience. Could you please complete the following, if your child then requires any specialist equipment, cultural, religious or learning strategies, we can arrange for this/these to be in place before your child's start date.

All information will be treated as confidential and will only be used for the purpose of your child's pre-school care and education. We will contact you regarding this information.

Has your child any allergies? Yes / No

If 'YES', please give details

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.....  
.....

Has your child any conditions you feel we should be aware of?

e.g. Diabetes, Epilepsy, Asthma etc Yes / No

If 'YES' please give details

.....  
.....  
.....

Does your child take any medication? Yes / No

If 'YES' please give details

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.....  
.....

Does your child have any additional needs?

e.g. hearing/visual impairments, dietary etc Yes / No

If 'YES' please give details

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.....  
Do you have any religious or cultural requirements that you would like us to adhere to, to accommodate your child? Yes / No

If 'YES' please give details .....

.....  
Has your child ever been seen by or is being seen by any of the following professionals?

Yes / No

\*I have help from /\*contact with /\*attend - please give contact details -

-Health Visitor

-Portage

-Speech & Language Therapist

-Occupational Therapist

-Paediatrician

-Physiotherapist

-Other

If 'YES' please give details .....

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Does your child specialist equipment? Yes / No

If 'YES' please give details .....

.....  
Parent/ Carer's Name/s .....

Signature/s .....

Date .....