



Yaxley & Mellis Pre-school

2 YR OLD - HOLDING FORM

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

Fees; are charged at an hourly rate

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 holding fee of £25.00, (please note this holding fee is only valid for 3 months after your requested date of entry)

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

.....
.....

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

.....
.....

Does your child have any additional needs?

e.g. hearing/visual impairments, dietary etc

Yes / No

If 'YES' please give details

.....
.....

Do you have any religious or cultural requirements that you would like us to adhere too, 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

.....

.....

.....

Does your child specialist equipment? Yes / No

If 'YES' please give details

.....

.....

Parent/ Carer's Name/s

Signature/s

Date