



# Overthorpe CofE Academy

## PRE SCHOOL (2 Year Old) Application/Enrolment Form

THIS FORM IS TO BE COMPLETED BY THE PARENT/CARER AND RETAINED BY OVERTHORPE CofE ACADEMY

LEGAL SURNAME: ..... D.O.B. ....

LEGAL FORENAME(S) OF CHILD: .....

CHILDS PERMANENT ADDRESS: .....

.....

.....

..... POST CODE: .....

**PRIMARY CARERS INFORMATION**

The primary carer is the person(s) who has LEGAL RESPONSIBILITY for the child named above.

1. SURNAME: ..... FORENAME: .....

RELATIONSHIP TO CHILD NAMED ABOVE: .....

HOME ADDRESS IF DIFFERENT FROM ABOVE: .....

..... POSTCODE: .....

EMPLOYER: ..... WORK PHONE: .....

HOME TEL: ..... MOBILE: .....

2. SURNAME: ..... FORENAME: .....

RELATIONSHIP TO CHILD NAMED ABOVE: .....

HOME ADDRESS IF DIFFERENT FROM ABOVE: .....

..... POSTCODE: .....

EMPLOYER: ..... WORK PHONE: .....

HOME TEL: ..... MOBILE: .....

**HEALTH & WELLBEING**

CHILDS GP: ..... CHILDS HEALTH VISITOR: .....

- |  |         |
|--|---------|
| • DOES YOUR CHILD HAVE ANY SPECIAL DIETARY REQUIREMENTS?                 | YES/ NO |
| • ARE THERE ANY RELIGIOUS OR CULTURAL REQUIREMENTS THAT WE NEED TO KNOW? | YES/NO  |
| • DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS (E.G. ASTHMA)?             | YES/NO  |
| • DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL NEEDS?                    | YES/NO  |
| • ARE THERE ANY CHILD PROTECTION ISSUES INVOLVING YOUR CHILD?            | YES/NO  |

NOTE: IF YOU HAVE ANSWERED YES TO ANY OF THE QUESTIONS ABOVE THE CHILD CARE MANAGER WILL ARRANGE TO MEET WITH YOU TO DISCUSS YOUR NEEDS.