A logo for a classroom

Description automatically generated

**Application Form**

Full name of child:

Preferred name:

Date of birth: Gender:

First language: Other languages:

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**Parent/Guardian (1)**

Name:

Address:

Telephone number:

Email:

**Parent/Guardian (2)**

Name:

Address (if different from child’s):

Telephone number:

Email:

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**Authorised to collect**

Names and telephone numbers of any other persons who have permission to collect your child regularly.

|  |  |  |
| --- | --- | --- |
| Name | Telephone number | Relationship to child |
|  |  |  |
|  |  |  |
|  |  |  |

**Consents**

**Emergency First Aid**

Do you give permission for emergency First Aid and for staff to seek further medical advice or medical intervention in an emergency or if your child falls seriously ill whilst on the care of Thrive? **YES / NO**

**Emergency medical treatment**

Do you give permission for a member of staff to accompany your child to hospital in an ambulance should the need arise? **YES / NO**

Do you understand that all medical decisions in your absence are the responsibility of medical professionals and that you will be contacted as soon as possible? **YES / NO**

**Administer medication**

Do you give permission for the nursery to administer medication as per instructions given by you, the parent? **YES / NO**

**Outings**

Do you give permission for the Thrive to take your child for local walks outside the premises? **YES / NO**

**Photographs**

I am happy for photos/videos of my child to be used on the school website and social media sites. **YES – full consent**

**YES – no face**

**No**

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**Health and Wellbeing**

Does your child have any allergies? YES / NO – if yes please state below

Does your child have any dietary preferences? YES / NO – if yes please state below

What immunisations (if any) has your child had?

Does your child have any medical or other condition that would require special treatment during the day? YES / NO – if yes please state below

Does your child have any special educational or behavioural needs? YES / NO – if yes please state below

Does your child have a Statement of Special Educational Needs/Individual Development Plan? YES / NO – if yes please provide a copy

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**Medical Details**

Doctors name:

Practice address:

Telephone number:

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**Previous Education**

Please list all education your child has attended.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of education | Address  (county only) | Date started | Date left | Reason for leaving |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Trial period**

All new children join Thrive for a 4-week settling in period; as a team we discuss their progress each week and may request parent meetings during this time. This induction provides a thorough opportunity for children to settle and ensures our team can meet needs. Once the 4-week period has ended, we will confirm, extend or annul your child's enrolment at Thrive. Refunds for sessions not attended are unavailable.

Part of the admissions procedure includes a trial period for your child, during which time s/he will be part of the class and will be expected to take part in all of the normal activities. By signing this form, you are giving consent for your child to:

1. Receive any medical treatment deemed necessary in the event of an accident or illness during session hours.
2. Under adult supervision, in an appropriate setting and at an appropriate age: climb trees; light candles/fires; use pottery plates and glasses rather than plastic ones; dig in the earth; cook; play with sticks; use tools.

**Notice Period**

We ask that families give a terms notice if they choose to withdraw their child.

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**Declaration**

I declare that the information given on this form is true to the best of my knowledge and that it may be processed by Thrive – A Countryside Classroom in accordance with the setting’s Privacy Notice and Data Protection policies, available on the website.

Signed: Date:

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**Submitting the form**

* Pay the non-refundable £25 registration fee via BACS or cash payment (Please use your child’s name as reference)

*Bank details: Monzo Bank*

*Account name: Abigail Jacques-Clare*

*Account number: 54699051*

*Sort code: 04-00-03*

* Return this form by email, post or in-person prior to your child attending

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Thank you for your application. We will contact you soon to offer an interview and taster sessions. If you have any questions, please contact Thrive by email thriveacountrysideclassroom@outlook.com

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To help us better understand parents’ priorities and concerns, please indicate how important you consider the following to be in your child’s sessions at Thrive:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Essential | Very important | Quite important | Not important |
| Physical development |  |  |  |  |
| Artistic development |  |  |  |  |
| Academic development |  |  |  |  |
| Development of practical skills |  |  |  |  |
| Development of social skills |  |  |  |  |
| Developing independence and life skills |  |  |  |  |
| Contact with nature |  |  |  |  |
| Core subjects – Literacy, numeracy. |  |  |  |  |
| Foundation subjects – art, crafts, D&T, form-drawing, languages, gardening, geography, history, music, PE, science. |  |  |  |  |