



# **Child Application Form Laurel Farm Kindergarten**

*To be completed by parents or carers.*

Thank you for your interest in Laurel Farm Kindergarten.

If you are applying after July 2018 then please enclose a non-refundable registration fee of £50 **payable to Laurel Farm Kindergarten** to

**Liz Casson  
Laurel Farm Steiner Kindergarten  
17 Carlingcott  
Peasedown St John  
Bath  
BA2 8AN**

Should your child not be offered a place, the £50 fee will be refunded.

When we receive this application form and your registration fee, we will contact you to arrange a home visit with our teacher.

**Child's details:**

Full name: .....

What your child likes to be called: .....

Date of Birth: .....

Address: .....

.....

<b>Parents'/Carers' Details:</b>	
Name	Name
Address	Address

Postcode	Postcode
Home Tel	Home Tel
Work Tel	Work Tel
Mobile	Mobile
Email	Email
Occupation	Occupation
Parental Responsibility: Yes/No	Parental Responsibility: Yes/No

<b>Your Child's Siblings:</b>	
Name	Name
D.o.B.	D.o.B.
Nursery/Schools attended	Nursery/Schools attended
Name	Name
D.o.B.	D.o.B.
Nursery/Schools attended	Nursery/Schools attended

**Collecting your Child from Laurel Farm Kindergarten:**

Persons authorised by you to collect the child (must be over 16 years of age)

Name .....

Relationship to child .....

Telephone.....

Mobile .....

Name .....

Relationship to child .....

Telephone .....

Mobile .....

**Emergency contact details**

Parent /Carer 1:	Parent /Carer 2:
Work/daytime No:	Work/daytime No:
Other number:	Other number:

Any other emergency contact numbers:

Name & relationship to child: .....

Telephone: .....

Mobile: .....

**Additional Information**

Has your child attended other childcare/nurseries/schools (please include dates)?

.....  
.....

Does your child have any health/allergies/dietary needs or preferences? Yes/No  
Please describe

.....

Name of child's Doctor: .....

Address: .....

.....

Telephone Number: .....

**Personal details of your child**

How would you describe your child's ethnicity or cultural background?

.....

What is the main religion/faith in your family?

.....

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

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.....

What language(s) is/are spoken at home? .....

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/No (delete)

Does your child have any special needs or disabilities? Yes/No (delete)

If yes, please give details: .....

.....

Are any of the following in place for the child:

- An Early Years Action? Yes/No (delete)
- An Early Years Action Plus? Yes/No (delete)
- A Statement of Special Educational Need? Yes/No (delete)
- What special support will he/she require in our setting (if any)?

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What other information is it important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.

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**Other information:**

Do you have a Health Visitor? Yes/No (delete)

Name: .....

Based at: .....

Telephone: .....

Other professionals involved (please give details): .....

.....

**About Laurel Farm Kindergarten:**

How did you hear about Laurel Farm Kindergarten?

.....  
.....

Why are you applying to Laurel Farm Kindergarten?

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.....

When would you like your child to join the kindergarten?

.....

**Sessions and Attendance**

Please note, a minimum of two morning sessions per week are required.

Tick the sessions you wish to attend:

Tuesday

9.30am – 2.00pm

Wednesday

9.30am – 2.00pm

Thursday

9.30am – 2.00pm

9.30am – 4.30pm

Other (please specify) .....

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**Volunteering**

We are a strong community of families and together we offer our help and support to maintain the kindergarten. Do you have any particular skills or interests that would support the kindergarten? (eg. Building, gardening, cleaning, cooking, craft, input into sessions with children, fundraising, any other help)

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**Lift Sharing**

I/we confirm that we will endeavour to lift-share Yes/No (delete)

I/we confirm that I/we agree to support the work of the Kindergarten by contributing to publicity/marketing activities, fundraising and/or other events, or by becoming a Trustee (details available from Administrator or on our website). Yes/No (delete)

I/We confirm that the above information is true to the best of my/our knowledge.

Signed by parent 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by parent 2: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form with £50 fee to:**

**Laurel Farm Kindergarten  
Liz Casson  
17 Carlingcott  
Peasedown St. John  
Bath  
BA2 8AN**

**To be completed by the key person/manager**

Date starting at Kindergarten

Days and times of attendance

Are any fees payable? If so, note here

Has the settling-in process been agreed? Yes / No (delete)

If so, detail

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Laurel Farm Kindergarten,  
17 Carlingcott, Peasedown St John, Bath, BA2 8AN.  
Tel. 07873544146 E: laurelfarmenquiries@gmail.com**

**Company No. 07540299  
Registered Charity No. 1045469**

Date .....

# Photo Consent Form

Please complete the information below and return to Laurel Farm Kindergarten.

We would like to ask your permission to use the photographs we may have taken of your children at work or play. These could be used for individual records, online on our website or social media web pages such as Facebook / Twitter / Instagram, in brochures, magazines or newspapers and our newsletter. The images will always be checked by one of the teachers or parents. No child will be named.

**Please tick or delete, and sign the form below.**

- I **agree** to my child's photograph being used for publication, print and online.
- I **do not want** my child's photograph to be used for publication, print or online.

Any further specifications?

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.....  
..

Signed.....

Full Name.....

Full Name of child.....

Date .....



# Parental Contract

Laurel Farm Kindergarten will provide your child with a Steiner inspired education, education of "the head, the heart and the hand" using the 3 R's: Rhythm, Repetition and Reverence.

All children learn at their own pace, develop a love of learning and develop as a community of 'do-ers'. Creative work is the work of the small child as they observe the world around them. Their world in the Kindergarten will be based on natural play, using natural materials.

The whole needs of the child are taken into account: academic, physical, social, emotional and spiritual. The day and week will have a natural rhythm, using repetition, puppet and story telling, creative craft, cooking, baking, sewing, building and making. Children will not be introduced to formal reading, writing and numbers until they are ready, typically when they are 6-7 years old.

Mornings are Steiner inspired and afternoons are play based, making best use of the Steiner space, garden and smallholding.

You will receive regular communication from the Kindergarten, opportunities to participate and help in festivals, events and parent evenings.

Please take time to read the Parents Handbook and feel free to ask questions and learn more about Steiner education and Laurel Farm Kindergarten.

## Terms and Conditions

The following terms and conditions apply to all Child Applications to Laurel Farm Kindergarten.

**Deposit:** From March 2013 all new parents will be asked to pay a £150 deposit to secure their child's place. This deposit can be paid in instalments over the first 3 months of the child's attendance at Laurel Farm Kindergarten. This deposit is refundable if all financial obligations of the parents have been met when the child's time at Laurel Farm Kindergarten has come to an end.

**I/We agree to pay a £150 deposit prior to my/our child starting at Laurel Farm Kindergarten on the understanding that this will be refunded when s/he leaves if all our financial obligations are met.**

Signed..... Date.....

**Payment** - Strictly using a standing order system, on the 1st of each month (in advance). Late payments will be charged at £25.00 per month. 'Bounced' payments will also be charged at £25.

**I/We agree to set up a standing order for payment of fees as per Laurel Farm Kindergarten's termly invoices.**

Signed..... Date.....

**Sessions** - Places at Laurel Farm Kindergarten are offered on the basis of a minimum of 2 sessions of attendance per week and a minimum of two consecutive terms' attendance.

**I/We agree that my/our child will attend for a minimum of two sessions per week for at least two consecutive academic terms.**

Signed..... Date.....

**Notice** - A minimum notice of one term is required if you wish to give notice to leave Laurel Farm Kindergarten. If less than one term's notice is given then the parents must continue to pay fees for one full term due to their place having been held for them.

**I/We agree that we will give one term's notice of our child leaving Laurel Farm Kindergarten or to pay one term's fees in lieu of notice.**

Signed..... Date.....

**Non-Financial Contribution** - Laurel Farm Kindergarten could not exist without the passion and dedication of the parents. It has been and continues to be a huge group effort. We know as a group of parents we have an impressive range of skills so want to make sure they're put to best use! We require all parents to become actively involved in the school, whether this be by joining as trustee, organising events, helping with publicity, attending Volunteer Days or supporting our Festivals. Becoming part of the community at Laurel Farm Kindergarten can be an enriching experience for both parents and children.

**I/We agree to make non-financial contributions to Laurel Farm Kindergarten by offering the following skill(s).....**

.....

**and/or agreeing to take on the following role(s).....**

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Signed..... Date.....

Name(s) of Parent(s) (please print)

.....

Name of Child

.....

# MEDICAL EMERGENCY FORM

*The medical entry form is an important part of the health development record of each pupil and parents are requested to give the fullest possible information. This form should be completed and returned with the Enrolment form.*

Pupil's Surname .....

Pupil's First Names .....

Date of Birth.....

**National Health Service No.**.....

Address.....

.....

Tel. No.....

Mobile No.....

**Has your child had any operations and if so, when and what:**.....

.....

**Has he/she any allergies:** .....

.....

**Doctor's name and Address**

.....

.....

Tel:.....

**I agree to my child receiving medical treatment in case of emergency.**  
*(contact will be made with the parent as soon as possible)*

Signature.....

Print Name.....

**Any other information that may be of interest to the Kindergarten:**

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I confirm that the information given on this form is correct:

Signature:.....

Date:

# CHILD MEDICAL CONDITION AND MEDICINE DETAILS FORM

This form is to be completed by a parent, legal guardian or carer, where a child has a medical condition that requires administering of medicines by staff, or a medical condition that may require staff to carry out support if a condition deteriorates.

## CHILD PERSONAL DETAILS:

Full legal name:.....

Date of Birth:.....

Home address:.....

.....  
.....

Home Telephone Number:.....

Name of person completing this form:.....

Relationship to child:.....

Full details of medical condition, including name of condition, effects on your child, what support the child needs, and the procedure staff need to follow if the condition deteriorates, and signs to look out for. Continue on a separate sheet if necessary:

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Please provide details of medicines that are prescribed to be administered to your child each day. This information should include the name of the medicine; the amount of each dose; when the dose should be administered, whether it should be after food and the procedure to be followed if the child refuses the medicine.

**Note: Prescribed medicines should be in their original packaging, and if a liquid the spoon measure provided should be included.**

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**Note: No medicines will be administered without a parental consent form being signed.**

Also it is your responsibility to notify of any changes in medical condition or prescription.

Staff are only able to administer medicines in tablet form or as oral doses, any other types of medicine would require specific training to a member of staff.

PRINT NAME:.....

SIGNATURE:.....

DATE:.....

# Laurel Farm Steiner Kindergarten

## ASSESSMENT CONSENT FORM

I/We understand that Laurel Farm Steiner Kindergarten will, together with colleagues, collect observations about my/our child and use them to help support her/his development.

I/We understand that her/his Early Years Founding Stage (EYFS) Summary will be regularly shared with me/us and I/we will be able to contribute to it.

I/We understand that my/our child's EYFS Summary, school report and other relevant information may be shared with any other current settings(s) (where applicable) and passed on to her/his next early years settings or school for the purposes of planning his/her teachings.

We have read and understood Laurel Farm Kindergarten Assessment Policy and Procedure.

I/We consent to these records being shared with other settings/schools as described above:

Name: -----

Signature: -----

Date: -----