



Overton Preschool Playgroup

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Community Centre
Winchester Street, Overton
Basingstoke, Hampshire, RG25 3HS
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Registered Charity No. 1075540

APPLICATION FORM

Name of Child Date of Birth.....

Name Known as.....

Name of Parent/s who the child lives with

1

Does this parent have parental responsibility? Yes / No (delete as applicable)

2

Does this parent have parental responsibility? Yes / No (delete as applicable)

Address

.....

Telephone Mobile.....

Name of parent who the child does not live with

1

Does this parent have parental responsibility? Yes / No (delete as applicable)

Address of this parent

.....

Telephone No Mobile No.....

Does this parent have legal access to the child? Yes / No (delete as applicable)

Emergency Contact Details

Parent 1 – Work / daytime contact No.....

Parent 2 – Work / daytime contact No.....

Contact No. in the case of an emergency

1st Name Relationship to the child

Telephone Mobile

2nd Name Relationship to the child

Telephone Mobile

Email address

Position of child in family (e.g. 1st child)

Persons authorised to collect the child (must be over 16yrs of age)

1st Name Relationship to the child

Telephone Mobile

2nd Name Relationship to the child

Telephone Mobile

Personal details of child

Does your child have any dietary needs or preferences? Yes / No (delete as applicable)

Does your child suffer from any allergies (e.g. Plasters?)

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

What is the main religion in your family?

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

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

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

Please give name and address of doctor and health visitor. (Incl. telephone No.)

Does your child have any special needs or disability? Yes / No (delete as applicable)

Details

What special support will s/he require in our setting?

What other information is 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 needs and when they will need it?

Name of professionals involved with child

1st Name Role

Agency Telephone.....

2nd Name Role.....

Agency Telephone.....

3rd Name Role

Agency Telephone.....

Do you have a health visitor? Yes / No (please delete one)

Name Agency

Telephone.....

Does your family have a social worker? Yes / No (please delete one)

Name Agency

Telephone.....

What is the reason for the involvement of social services with your family?

Signature of Parent / Guardian

General Data Protection Regulation (GDPR) that comes into effect in 25th May 2018- Your privacy is important. We will keep your details safe. We will never sell your important information or share it with any company or organisation without your permission unless we are legally obliged to. For more information see our GDPR policy which is available for you to read.

