



Meadvale

Meadvale Setting
(Old Reigate Baptist Church)
8 Copse Road
Meadvale
Surrey RH1 6NW

18 months to 4 years
Ofsted Reg: EY330562

Catherine Childs
Kiwi's Limited.
334, Reigate Road
Epsom Downs
Surrey KT17 3LX
Mobile: 07899654463
Email: kiwis_cac1@sky.com

Postal address as above

Woodmansterne Setting
Woodmansterne Village Hall
Carshalton Road
Woodmansterne
Surrey SM7 3HU

18 months to 4 years
Ofsted Reg: EY316854

All About Me

My name is

I am Years old

My date of birth is

I start Pre-school onand attendsession each week

Names and ages of my brothers, sisters and pets

What do I like to do?

What makes me happy?

What makes me sad?

What comforts me?



I am frightened of ...



My favourite toys are...

My favourite books are.....

My Favourite rhymes are.....

Toilet training ... I can

Getting dressed ... I can

Any activities outside of preschool which really engage them ? E.g. swimming, gymnastic, football, ballet, dance.

Any other information you feel may help us care for your child?

Enrolment Form



Child's Full Name			
Child's known name If different to above			
Date of birth		Gender	
Child's First Language		Religion	
Name(s) of Parent(s)/Carer(s) with whom child normally Lives			
Parent Name			
Parent Address			
Parent contact number		Mobile	
Email			
Parent Name			
Address			
Parent Contact Number		Mobile	
Email			
Do all the above have parental responsibility for the Above child		Yes	No
Emergency Contact No1.			
Name			
Address			
Contact Number		Mobile	
Relationship to child			
Emergency Contact No2.			
Name			
Address			
Contact Number		Mobile	
Relationship to child			
It is assumed that any of the above named persons will be allowed to collect your child unless stated names of any other people authorised to collect your child from Kiwi's notified on the day			

Session Details

Caterpillar Room

Please tick the sessions you require.

Day Session	Breakfast Club 8:00-9:00	Morning 9:00 to 12:00	Lunch 12:00 to 13:00	All day session 9:00 to 15:00	Extended Tea Club 15:00 – 17:00 <i>Collection at 16:00 or 17:00</i>
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Morning Session 9:00 to 12:00 charge is £21.00 Afternoon session 12:00 to 15:00 charge is £21

Lunch session is 12:00 to 13:00pm a charge of £7.00 per session booked in advance. Children need to bring a named packed lunch to school.

A full day is available (each child is looked at individually) 9:00 to 15:00pm a charge of £38.00 a session

Tea Club is available from 15:00 to 17:00 cost is £7.00 an hour please ask for more details

Feet funding accepted. Please call or login on to Surrey County Council Early Years web page for more information. Please talk to us about the hours you require.

Butterfly Room

Please tick the sessions you require

Day Session	Breakfast Club 8:00-9:00	Morning 9:00 to 12:00	Lunch 12:00 to 13:00	All day session 9:00 to 15:00	Extended Tea Club 15:00 – 17:00 <i>Collection at 16:00 or 17:00</i>
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Free Fee Entitlement weekly total number 15 hours or 30 hours if you meet the criteria

Hours not covered by Funding will be invoiced to you direct by Kiwi's.

Preferred Start Date

Notes:

Medical Information

Child's Doctor _____

Surgery Name and address _____

Postcode

Phone number _____

Please tick the correct boxes if your child has had any of the following illnesses

Chicken Pox	Measles	Mumps	Rubella	Whooping Cough	Convulsions / Fits	Scarlet Fever
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tick the correct boxes if your child has had any of the following immunisations

Measles	Mumps	Rubella	MMR	HIB	Polio	Tetanus	Diphtheria	Men C	Whooping Cough
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your child have any known medical problems that we should know about? (e.g. Asthma)

Does your child have any allergies?

If so how does your child react to these? (so we know the symptoms to look for)

Does your child have any special dietary needs or preferences?

Are there any other professional work people who are involved with your child? (e.g. Speech therapist, occupational therapist or other)

Permission

Do you give permission for first aid to be administered to your child in case of an accident or emergency?	Yes	No
Do you give permission for medical treatment to be sought and administered in the case of an accident or emergency	Yes	No
Do you give permission for your child to be taken on short walks to the park?	Yes	No
Do you give permission for your child's photo to be taken during activities and displayed in the setting, in Kiwi's photo album?	Yes	No
Do you give permission for your child's picture to be placed in another child's Learning Journey? (during your child's time at Kiwi's they will make friendships and do group activities which will be recorded by photo's)	Yes	No
Do you give permission for your child's picture to be used in press articles? Notice will be given and you understand there will be No payment for your child's Participation.	Yes	No
Do you agree to be responsible for informing the Setting of changes to contact names, addresses, phone numbers etc.	Yes	No
Do you give permission for your child to have a plaster placed upon a graze/cut while in the care of Kiwi's?	Yes	No
Do you give permission for a Kiwi's staff member to apply sun cream that you have supplied to your child?	Yes	No
Do you give permission for staff and other agencies such as Ofsted, Early Years Adviser and health visitor to carry out and record observations on your child for the purpose of development assessment?	Yes	No

EYFS Statutory Guidance states (Providers must record the following information for each child in their care)

Child's Full Name	
Name of the person(s) whom have responsibility for the child named above	
Who has legal contact with the child	
Which parent/carer does the child normally live with?	
Any safeguarding/child welfare support relating to the above named child	
Named support contact details	

Please provide us with your child's health visitor's information

Health Visitor Name	
Health Visitors Contact details (surgery address)	
Health visitors contact number	

Additional Pre-school or Childminder

Does your child attend another childcare setting	
Please provide the setting name and address	
Key person name at the additional setting	
How many sessions do they attend? E.G three mornings a week	
Do you give consent for us to liaise with them regarding your child's development?	
Is there anything else you would like to mention to us at this stage?	

Thank you for sharing this information with us.

Snack bar

We introduced a snack bar in order to give our children independence and promote choice in what they eat. By giving them this opportunity it will encourage them to try different foods, they learn to understand when they are hungry or thirsty. Children can come to the snack bar in dressing up clothes if they wish – knowing that they can go back and play when they are finished. Snack bar will provide a drink of water (water is available through the whole session) or milk a choice of three of the following: Banana, apple, grapes, pears, carrots, cucumber, melon, raisins, tomatoes, lettuce, apricots, peppers, celery, breadsticks, rice cakes. Snack bar changes with the seasons and when there are special holiday's we will try different foods, you will be told by the room leader of other foods being tasted. The snack bar is supported at all times by a team member.

Refreshments preferred

<i>Juice</i>	Yes	No	<i>Milk</i>	Yes	No
<i>Water</i>	Yes	No	Is your child allowed Chocolate for Special occasions (Easter holidays)	Yes	No
Does your child have any allergies to milk				Yes	No
Does your child have any allergies to fruit				Yes	No
If Yes PLEASE provide more details					
Are there any fruits that you wish your child not to try				Yes	No
If YES PLEASE provide more details					
Does your child have any allergies we need to know about.				Yes	No
If YES PLEASE provide more details					

Acceptance

I wish to apply for the admission of the above child to Kiwi's Pre-school. I agree to comply with the policies & terms and conditions, plus any updated information when necessary.

Name of parent(s) / Carer(s)

Signature of parent(s) / Carer(s)

Date: / /

Kiwi's Playgroup & Pre-schools signature

Catherine Childs (Owner /Director)

Date: / /

I enclose a cheque payable to Kiwi's Limited for the sum of £30, being a non-refundable deposit with the Admission forms to reserve a place for my child unless your child is entitled to Free Entitlement Funding (no deposit required) Yes / No

Please return forms to Catherine Childs Kiwi's Limited, 334 Reigate Road, Epsom Downs, SURREY, KT17 3LX. If you require any further information please call Catherine on Mobile Number 07899654463

Or email to kiwis_cac1@sky.com