

# Moodmansterne

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

18 months to 4 years Ofsted Reg: EY316854

Catherine Childs Kiwi's Limited. 334, Reigate Road Epsom Downs Surrey KT17 3LX

Mobile: 07899654463 Email: kiwis\_cac1@sky.com

Postal address as above

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

18 months to 4years Ofsted Reg: EY330562

## All About Me

My name is
I am Years old
My date of birth is
I start Pre-school onsession 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?





My favourite toys are
My favourite books are
My Favourite rhymes are
<u>Toilet training I can</u>
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 Lives	h whom child normally		
Parent Name			
Parent Address			
Parent contact number		Mobile	
Email			
Parent Name			
Address			
Parent Contact Number		Mobile	
Email			
Do all the above have parental re Above child	esponsibility for the	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						
Please tick your preferred sessions						
Day / Session	9:00-12:00 (morning)	12:00-13:00 (extended lunch)	12:00-15:00 afternoons			
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Morning Session 9:00ai	•	Afternoon session	n 12pm to 15:00 is			
£21.00 (September 2	2020)					
Lunch session is 12pm	to 13:00pm a charge of	f £7.00 per session l	booked in advance.			
Free entitlement is ava	ilable for Feet 2 year	olds up to 15 hours d	and for 3-4 year olds			
the term after your child turns 3 years. Additional hours for the new 30 Hour funding						
can be used at Kiwi's						
Preferred start date						

Child's Doctor	Medica	al Inforn	nation								
Surgery Name and address											
Phone number	Child's Do	octor									
Phone number  Please tick the correct boxes if your child has had any of the following illnesses  Chicken Pox   Measles   Mumps   Rubella   Whooping   Convulsions   Scarlet   Fever    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    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,	Surgery N	lame and	address								
Phone number  Please tick the correct boxes if your child has had any of the following illnesses  Chicken Pox   Measles   Mumps   Rubella   Whooping   Convulsions   Scarlet   Fever    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    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,											
Please tick the correct boxes if your child has had any of the following illnesses  Chicken Pox Measles Mumps Rubella Whooping Convulsions Scarlet Fever  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  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,								Postcode			,
Chicken Pox Measles Mumps Rubella Whooping Convulsions Fever  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  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,	Phone nu	mber									
Chicken Pox Measles Mumps Rubella Whooping Convulsions Fever  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  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,											
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    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,	Please tic	k the corr	ect boxes i	if your child	d has had	any of the	e following i	llnesses			
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  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,	Chicken P	ox Mea	isles	Mumps	Rube	ella			ons		
Measles Mumps Rubella MMR HIB Polio Tetanus Diphtheria Men C Gough  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,							Cough	/ Fits		Feve	şr
Measles Mumps Rubella MMR HIB Polio Tetanus Diphtheria Men C Gough  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,											
Measles Mumps Rubella MMR HIB Polio Tetanus Diphtheria Men C Gough  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,	Diagon II	-1 11		'f			- Calla dan				
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,			_		T		_		1	_ [	
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,	Measles	Mumps	Rubella	MMR	HIB	Polio	Tetanus	Diphtheria	Men	С	1
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,											
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,									<u> </u>		
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,	Does you	r child hav	e any kno	wn medica	l problem	s that we	should know	w about? (e.g	g. Asth	ıma)	
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,											
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,	Does your child have any allergies?										
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,	, , ,		,	0							
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,	If so how	doorway	r child rook	x+ + o + b o c o ?	) (so wo k	noutho c	umantanas ta	look for			
Are there any other professional work people who are involved with your child? (e.g. Speech therapist,	11 SO 110W	does your	ciliu reac	it to these:	(so we ki	now the s	symptoms to	TOOK TOT)			
Are there any other professional work people who are involved with your child? (e.g. Speech therapist,											
	Does your child have any special dietary needs or preferences?										
occupational therapist or other)											
	occupatio	nai thera	pist or othe	er)							

### Permission

Do you give permission for first aid to be administrated to your child in case of an accident or emergency?	Yes	No
Do you give permission for medical treatment to be sought and administrated 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)

Childs 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					
Juice	Yes	No	Milk	Yes	No
Water	Yes	No	Is your child allowed Chocolate for Special occasions (Easter holidays)	Yes	No
Does your child	have any al	lergies to milk		Yes	No
Does your child	have any al	lergies to fruit		Yes	No
If Yes PLEASE p					
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					No
If YES PLEASE p	rovide more	e 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) / Care	er(s)				
Date: / /					
Kiwi's Playgroup & Pre-school	s 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.c	com				