



NEW MILLSIDE PRE-SCHOOL – APPLICATION FORM

Privacy statement: We will only use this information in order to process your application. We will not use this information for marketing purposes and will not share this information with any third parties, unless required to do so by law. Once this information is no longer required, it will be securely destroyed. Please sign the consent on the back of the application.
Please fill in the information below clearly

Childs Full Name			
Preferred Name			
Date of Birth		Gender	
Parent/Carer 1 Name		Parent/Carer 2 Name	
Full Address (including postcode)			
Telephone Parent/Carer 1		Telephone Parent/Carer 2	
Email Address (in caps)			

I/We wish to apply for our child to join New Millside Pre-school: As soon as possible or from (Month/Year or Term)*

I/We would like our child to attend on the following days / session (please circle):

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
All day 9-3.30		All day 9-3.30		All day 9-3.30		All day 9-3.30		All day 9-3.30	
AM 9-12	PM 12.30-3.30	AM 9-12	PM 12.30-3.30	AM 9-12	PM 12.30-3.30	AM 9-12	PM 12.30-3.30	AM 9-12	PM 12.30-3.30

***If your child is 2 or not yet funded, please tick the appropriate box:**

- I have / will be applying for (please circle) a 2 year funding code I will be paying for sessions

***If 3 & 4 year funded, please tick appropriate box:**

- I will only be claiming the 15 funded hours I have / will apply for the 30 hour code

Please give me more information regarding funding hours: (please circle) 2 year code | 15 Universal Hours | 30 Hour Code

I wish my child to attend Breakfast Club, please send me more information

***Please note**, depending on the age and birthday of your child, funding may not be available until certain term dates. Please take this into consideration when filling out the waiting list form and your preferred start date. 2 year funding can be available but you will need to apply for a 2 year code. 3 year funding starts the term after your child's birthday. Non-funded sessions are available which are charged per session and lunch session if all day. Please call or see our website for fees policy for costs.*

New Millside will aim to give you your choice, but the session you would like may not always be available. For September Term start we will contact you during the Spring Term before your child is due to start if a place is available. We take children in dob order, catchment children first. Should you no longer require a place, please let us know immediately.

Other useful information		
How did you hear about us?		
Have you had another child at our pre-school	YES	NO
Does your child have any medical needs or other professionals involved with them?	YES	NO
If yes please specify		

Please sign on the back

DATA PROTECTION STATEMENT

New Millside Pre-school will process and be in control of the data provided on this form.

The information which you provide in this form and any other information obtained or provided during the application process (“the information”) will be used for the purpose of assessing both your and your child’s requirements in relation to the legitimate interests of our pre-school.

If you choose not to accept a place at the pre-school, the information will be securely destroyed.

You have the right to data portability, request access to, rectification or erasure of your data collected as part of this process.

If your application is successful, the information will form part of your child’s file and we will be entitled to process it for all purposes in connection with your child’s development.

So that we may use the information for the above purposes and on the above terms, we are required to obtain your explicit consent. Accordingly, please sign the consent section below. You have the right to withdraw your consent at any time and the right to lodge a complaint with the Information Commissioner if you are unhappy with the way in which the information has been used.

I/WE CONSENT TO MY/OUR PERSONAL INFORMATION BEING USED FOR THE PURPOSES AND ON THE TERMS SET OUT ABOVE.

Print Name:..... Signed:..... Date:.....

Print Name:..... Signed:..... Date.....

For Office Use Only	Date received:	Start Date:			Welcome Pack:		
SEN/SIBLING/CATCHMENT		(AM)	M	T	W	T	F
Notes:		(PM)	M	T	W	T	F