

The Bee Hive Pre-School Application for Membership & Booking Form

Child's Last Name	Child's Preferred First Name	School Attended	
Child Legal First Name (If different)	Child's Middle Name	DOB	Boy/Girl
First Language	Religion	Birth Certificate Number	
Home Address Post Code	Billing Address if Different	Ethnic Origin	
		Parental Responsibility. i.e. mum - carer	
		Those with Legal access	
Home Phone	Email	Collection Password	

Emergency Contacts & Relationship to child

Main Carer Name	Main carer Work Place	Main carer Address
Relationship	Main carer Work Phone	
Phone		
Main carer Mobile		
2nd Person	2nd Person Work Place	2nd Person Address
Relationship	2nd Person Work Phone	
Phone		
2nd Person Mobile		
3rd Person	3rd Person Work Place	3rd Person Address
Relationship	3rd Person Work Phone	
Phone		
3rd Person Mobile		
4th Person	4th Person Work Place	4th Person Address
Relationship	4th Person Work Phone	
Phone		
4th Person Mobile		

(It is assumed that any of the above named persons will be allowed to collect your child in an emergency)

Is your child allowed/do you give permission for the following without having to contact you first. Enter Yes or No

Outings	Sun Cream	Plasters	Face Paint
Photographs that may be displayed in the club <input type="checkbox"/>	Photographs that may be displayed on Club Web site <input type="checkbox"/>		

I consent to my child being given emergency medical treatment deemed necessary by the club during the running of the club without the club having to notify me first

I authorise the play staff to sign a written consent required by the hospital authorities if the delay in getting the parent/guardian signature is considered by the doctor to endanger the child's health and safety

Any dietary information that the staff will need to be aware of i.e. Food Allergies (nut etc...) / Vegetarian/ Cultural

Does your child have any known illness, allergies or long term medical needs that the staff will need to be aware of? If so Please give details and information.

Does your child take regular medication prescribed by a doctor, dentist, nurse or pharmacist (including inhalers) if yes, detail please

If your child's takes regular medication do they require help when administering it? ***IMPORTANT Please refer to Medication section in the information booklet for permitted medications***

Doctor's Name & Phone	Health Visitor Name & Phone	Social worker Name & Phone
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Please indicate any activities you do not wish your child to take part in.

What you are entitled to?

Three and four year olds in England are entitled to a minimum 15 hours of free learning per week for 38 weeks of the year. They are also now allowed a further 15 hrs extended childcare per week.

Your child can join the Pre-School from their 2nd birthday. Although this is before they are eligible for the NEG funding they can still attend but you will have to pay for the place. If your child joins the Pre-School part way through a term and is eligible for the NEG funding, but missed the head count week, you will no longer have to pay for the remaining term. We can apply for the grant, on your behalf, to be paid to us the following term. For more information please see

<http://www.wiltshire.gov.uk/schoolseducationandlearning/schoolsandcolleges/parentadvice/educationgrants/freenurseryentitlement.htm>

Bookings for after 3 will be at the Preschool 9 - 3 and then continue into the After School Club.

I wish to book the following places with The Bee Hive Pre-School for

_____ (childs name)

Commencing on: (Date) _____ (Month) _____ (Year) _____

Days	Monday	Tuesday	Wednesday	Thursday	Friday
Opening Time	9 - 3.00pm	9 - 3.00pm	9 - 3.00pm	9 - 3.00pm	9 - 3.00pm
Session Time	9 - 12.00 <input type="checkbox"/>	9 - 12.00 <input type="checkbox"/>	9 - 12.00 <input type="checkbox"/>	9 - 12.00 <input type="checkbox"/>	9 - 12.00 <input type="checkbox"/>
Session Time	12 - 3.00 <input type="checkbox"/>	12 - 3.00 <input type="checkbox"/>	12 - 3.00 <input type="checkbox"/>	12 - 3.00 <input type="checkbox"/>	12 - 3.00 <input type="checkbox"/>
Session Time	3 - 5.00 <input type="checkbox"/>	3 - 5.00 <input type="checkbox"/>	3 - 5.00 <input type="checkbox"/>	3 - 5.00 <input type="checkbox"/>	3 - 5.00 <input type="checkbox"/>
Session Time	3 - 5.45 <input type="checkbox"/>	3 - 5.45 <input type="checkbox"/>	3 - 5.45 <input type="checkbox"/>	3 - 5.45 <input type="checkbox"/>	3 - 5.45 <input type="checkbox"/>

If you have your Code for the 30hrs Funding you will also need to fill in The Consent to Validate Form Please ask at the Preschool or download from http://www.thebeehiveclub.co.uk/consent_to_validate.html

Please indicate how many hours will be NEG funded (15 max) and how many hours you will be paying for. You can use just the funded 15 hours, a mixture of both or all self funded. Price Per hour £4.20

Hrs Funded					
Hrs Self Funded					

The 12 to 3pm session coincides with the 12.10 school lunch time. You are able to request a cooked meal supplied with the School lunches or your child could bring a packed lunch. You can of course just book the session as a session. There is a cost for the school lunch, paid to and booked with the school secretary.

For information on the 15 hours NEG funding and the 15 hours extended please see <https://www.childcarechoices.gov.uk/>

PLEASE NOTE THIS BOOKING IS CONTINUOUS. IT IS ON A ROLLING BASIS AND IF YOU WISH TO CANCEL YOU WILL NEED TO DO SO 1 TERM TIME MONTH BEFORE THE END OF YOUR CURRENT TERM. AUGUST AND HALF TERM BREAKS ARE NOT TERM TIME. PLEASE SEE THE PROSPECTUS FOR FURTHER INFORMATION

If your booking is successful you still have the right to cancel this contract within 14 days of the date of our acceptance. To exercise your right to cancel, you must inform us of your decision to cancel in a clear statement, in writing. This can be handed to a member of staff, emailed or posted to the address below. Please follow up your cancellation if it is not acknowledged immediately as it may not have been received and so may not apply if not received within the 14 days. N.B. If you commence use of the club before the 14 day right to cancel has expired you are waiving your statutory right to cancel and the contracted months notice period will then apply.

Please be aware that the Terms and Conditions may change from time to time and although we will keep you informed by newsletter, there may be some time between the change and the newsletter. Therefore it is your responsibility to keep checking the website for any changes that may effect you.

I confirm that I have read, understand and agree to be bound by the terms and conditions of using the Bee Hive Pre-School.

Signed: _____ Print: _____ Date: _____

Send to: The Bee Hive Club, 4 Rickyard Cottages, Broad Hinton, Swindon, Wilts., SN4 9PS.

All Information given here will be held in accordance with Data Protection

Please complete with your child and return with membership form

Child's Name:

Date of Birth:

Interests/what I am good at:

Things I don't like/or find difficult:



Areas to support and develop

Child Profile completed by:..... Sign.....

Date.....

For The Bee Hive Pre-School.