



PRE-SCHOOL

Application Form



Little Wellingtons Pre-School

**Bush Hill Methodist Church,
135 Wellington Road, Bush Hill Park, London EN1 2RS
Enquiries Tel: 020 8360 6439 Mobile: 07956 842 151
Email: littlewellingtons@gmail.com Web: www.littlewellingtons.co.uk**





PRE-SCHOOL

Bush Hill Park Methodist Church 135 Wellington Road Bush Hill Park London EN1 2RS

Child's name in full:

Date of birth:

Email:

Ethnic Origin:

Home tel. no:

Address of child's parents/carers:

Nationality:

Post Code:

Religion:

Mother's name:

Father's name:

Occupation:

Occupation:

Business tel. no:

Business tel. no:

Mobile no:

Mobile no:

Additional emergency contact person whose telephone number is available:

Name and telephone number of family doctor:

Name/address/tel number where parents/
guardians/ carers can be contacted in an emergency:

Reminder: Please can you provide the preschool with a secure password known only to your daycare
provider and people who are authorised to collect your child:

Please can you inform the pre-school of any individuals who may NOT collect your child?

Any other relevant information? Child's medical history (Allergies, Speech Difficulties, Disabilities,
Immunisation) PLEASE LIST:

Date of last Tetanus:

Date of last MMR:

Data Protection Act 1998

In case of an emergency this information may need to be taken off of your daycare providers premises in order for them
to remain in contact with you and update you in terms of a return to normal business arrangements. I agree for the above
information to be taken off site in case of emergency:

Signed:

Please print name:

Date:

Relationship to child:

MORNING/AFTERNOON SESSION:

DATE OF ENROLMENT/ DATE OF APPLICATION:

DATE OF ENTRY:

DATE OF LEAVING:

FUTURE SCHOOL:



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Conditions of Admission and Administration

1. Fees/Non Funded Hours

Non-funded fees are payable in advance for each half-term. Fees are payable the first day of each half-term. Cheques are to be made payable to "Little Wellingtons". Fees are non refundable because of holidays, absence, illness or any other reason.

2. Notice of withdrawal

Notice of withdrawal from the Nursery must be given in one month advance in writing.

3. Administration Fee

There is a non-refundable administration fee of £40 (which will include the book bag) and must be sent with this application form to the following address:

Stella Neophytou
12 Rowantree Close
Winchmore Hill
London, N21 3EE

Administration fees are non refundable or deductible.

1. I hereby give my consent to enable the child to receive emergency medical treatment if the parents/guardians/carers are not able to be contacted immediately.

Signed:

Date:

2. I give my permission for my child to take part in any outing.

Signed:

Date:

3. I hereby give my permission for my child to have his/her photograph taken in accordance with the conditions shown above.

Signed:

Date:

4. I hereby apply for admission into Little Wellingtons Preschool in accordance with the conditions shown above.

Signed:

Date:

Please enclose the administration fee of £. and post this form to the address shown above.



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VOLUNTARY CONTRIBUTION AGREEMENT

Dear Parent/guardian of:

Funding is available for children the term after their 3rd birthday. The funding provides a “free education” to the children at the setting.

However an additional fee is charged to cover the extra costs of the session which is for services provided for extra curricular activities such as Pro Elite Football, a music lesson and prospectus. We also provide a full time member of staff in the kitchen to prepare fresh snacks for the children. Fruit is provided by parents.

The extra charge is divided equally throughout the school year and paid each half termly.

Parents need to acknowledge the quality of care provided by the pre-school and therefore will be happy to contribute the extra costs needed to ensure that the pre-school can continue to offer a high quality of child-care to accommodate all children

Mrs Stella Neophytou
Manager

FUNDING/EXTRA FEE CONDITIONS

- I have read and understood the above conditions and agree to pay voluntary contribution of £3 per session
- I agree to pay a one off fee of £ towards administration costs

Signed: Date:

(Parent)

Signed: Date:

(Manager)

Tel: 020 8360 6439 Mobile: 07956 842 151
E-mail: Stellaneophytou@googlemail.com