



KING DAVID
Kindergarten

Application Form

PASSWORD

Please complete this form in block letters and return to: King David Kindergarten or King David Foundation, King David Campus, Childwall Road, Liverpool L15 6WU.

CHILD'S DETAILS:

Surname..... First Name

Date of Birth Sex : Male/Female Religion***

Child's Address*

..... Postcode

*A copy of recent utility bill is required as proof of address

PARENTS'/CARERS' DETAILS:

Mother's +NameMaiden Name

Profession (if applicable).....

Mother's Address if not as child's

Father's Name

Profession (if applicable)

Father's Address if not as child's

Who has parental responsibility for this child?**

** If not both parents please give details and relationship to child and provide relevant support documentation.....

*** If Jewish please state date and place of marriage and enclose a copy of your Ketubah If providing grandparent's Ketubah a copy of mother's birth certificate is required.

Telephone Numbers : Homeemail:.....

Mother : Work..... Mobile

Father : Work Mobile

In an emergency should the Kindergarten be unable to contact you please advise of an alternative contact authorized to collect your child. **Please provide a password for alternative contact identification purposes above.**

I authorize the contacts listed to pick up my child should I be unavailable

..... (Signed)

ALTERNATIVE CONTACTS*:

.....Tel No.....Mobile
relationship to the child

.....Tel No.....Mobile
relationship to the child

Name & Address of Alternative Contacts:

.....
.....
.....

We request you attach a photograph for identification purposes of those routinely collecting your child.

I understand that I must inform the Kindergarten of any changes to the child's collection routine if different to the above or any change to contact details.

REFEREES:

If you have not previously had any of your children attend the Kindergarten, we will require two reference letters in support of your application. These should ideally be from people who have attended the Kindergarten or King David Schools, your local Clergyman/Rabbi or your place of work. No relatives. Please attach the two letters to this form.

Reference 1 : Name.....Relation to Applicant.....

Reference 2 : Name.....Relation to Applicant.....

Please enclose a photocopy of your child's birth certificate. Thank you.

FAMILY DETAILS:

Are you involved with any community activity or organisations (religious, secular or cultural)?
Please list:

.....
.....
.....
.....

Please list all **other** children in the family under the age of 18:

Name	Date of Birth	Present School	Kindergarten Attended

DETAILS OF SESSIONS APPLIED FOR (PLEASE TICK EACH SESSION REQUIRED):
see note 5. Below

	Session 1	Session 2	Session 3
Mon	8.00am-1.00pm	1.00pm-3.30pm	3.30pm-6.00pm
Tues	8.00am-1.00pm	1.00pm-3.30pm	3.30pm-6.00pm
Wed	8.00am-1.00pm	1.00pm-3.30pm	3.30pm-6.00pm
Thu	8.00am-1.00pm	1.00pm-3.30pm	3.30pm-6.00pm
Fri	8.00am-2.00pm		
Totals*			

STARTING FROM : (please indicate preferred start date)

- My child is toilet trained
- I am working towards toilet training my child prior to starting
- I understand that I am required to provide nappies and wipes should my child require them.

	Please indicate Yes No
My child is a vegetarian	<input type="checkbox"/> <input type="checkbox"/>
Any other special dietary requirements	<input type="checkbox"/> <input type="checkbox"/>
If Yes please specify	

My child is allergic to:

All food provided by the kindergarten

Whilst every effort is made by the Kindergarten to ensure that food given to the children has not come into contact with nuts, we are unable to guarantee that there will not be traces of nuts.

I(Parent/Carer) of (Child’s name)
accept and understand that the King David Kindergarten can not be held responsible for food stuffs supplied to the King David Kindergarten.

Signed Dated

Please indicate
Yes No

I give my permission for the Kindergarten staff to apply suncream to my child when necessary.

I give my permission for the Kindergarten staff to apply plasters to my child when necessary.

I authorise the Kindergarten to carry out observations on my child.

I give my permission for my child/ren to be escorted on local educational walks.

Early Years Foundation Stage

We use photographic evidence for our observations, however when there is a group activity being observed we need your permission to allow that photograph to be used for other children's profiles.

Permission given: Signed Dated

Photographs and videos of the children are regularly taken and displayed to allow parents to see their children's daily activities within the kindergarten and are occasionally published in the media to highlight events.

Permission given: Signed Dated

I give my permission for photos of my child to be used to update the Kindergarten website.

Permission given: Signed Dated

The Kindergarten can not accept responsibility for any photographs/videos taken by parents/carers during Kindergarten events.

Please indicate
Yes No

My child also attends another setting****

I wish to claim my full Nursery Education Grant entitlement at another setting

Name of Setting

Telephone No:

I wish to claim my full Nursery Education Grant entitlement at KDK

I wish to claim hours of my Nursery Education Grant entitlement at KDK*****

**** This information is required for administration of Nursery Education Grants when eligible.

***** Hours claimed need only be completed if you are sharing your entitlement between other setting(s).

How did you hear about the Kindergarten?

.....

DECLARATION

I confirm that I have read the notes below and undertake to accept the place, if offered, and to pay the fees on the due date.

Signature

NameDate

Checklist (please ensure enclosures are included)

- Medical form
- Copy birth certificate
- Proof of Address
- Two References

Child's Name

Address

.....Postcode.....

Telephone Number Mobile Number

Name of Family Doctor

Address of Family Doctor

.....Postcode.....

Telephone Number of Family Doctor

Name of Health Visitor

Telephone Number of Health Visitor

Please tick and date which your child has had :

Measles Chicken Pox German Measles

Whooping Cough Mumps Scarlet Fever

Please tick if your child has been vaccinated/immunised for :

3 in 1 Polio MMR

Please advise whether your child suffers from any medical condition and/or allergies (including food and sun protection creams)

.....
.....

Does your child have any additional needs? If so please give details

.....

Have any of the agencies/professionals listed below currently or previously been involved in your child's care? If you are awaiting an appointment for any of the agencies/professionals listed below could you please advise Rose Shiffman. If answering yes to any please supply further information in writing to Rose Shiffman. Thank you.

Is there a EHAT for your child? Yes No

Health Visitor Yes No Name & Contact number

Social Worker Yes No Speech & Language Therapist Yes No

Children's Centre Yes No Audiology Yes No

Physiotherapist Yes No Paediatrician Yes No

Alder Hey or any other children's hospital Yes No

PARENTAL AUTHORISATION

In the event of the above named child having an accident in the Kindergarten and requiring emergency treatment in hospital etc., I, the undersigned, hereby give my permission for a member of staff of the Kindergarten to take action on my behalf.

Signature of Parent

Name of Parent Date

Please note that during Kindergarten hours all relevant parental responsibility for your child's safety, education and medical treatment will be that of the Kindergarten staff and it is, therefore, essential that any condition relevant to the health and safety of your child is communicated in writing on this form.

GUIDANCE NOTES:

1. Admission to the Kindergarten does not guarantee a place at the King David Primary School
2. This form is not a guarantee of a place at the Kindergarten - your application will be considered by the Kindergarten Admissions Committee. You will be notified of the outcome in April prior to the year you have applied for together with confirmation of what sessions you have been allocated.
3. A non-refundable deposit of £100 is payable upon acceptance of a place. You will also need to complete and return a Bank standing order form for payment of fees upon receipt of your account. Cancellation of your place once accepted will incur a £25.00 administration fee which will be withheld from your deposit.
4. A term's notice must be given or a term's fees paid in lieu if a child leaves before he/she commences primary education.
5. There is a minimum attendance rate as follows:

Class 1 : 4 sessions (ie. 4 mornings or 2 mornings and 2 afternoons etc)

Class 2 : 5 sessions (ie. 5 mornings or 3 mornings and 2 afternoons etc)

Afternoons refer to sessions that finish at 3.30pm. This enables us to ensure continuity of education, appropriate preparation for primary school and to form a caring and trusting relationship between your child and the teachers. There may be an opportunity to increase your sessions throughout the year, space permitting.

Rose Shiffman
Teacher in Charge

0151 235 1586
during term-time - 9.30-11.45am

Sandra Heaps
King David & Harold House Foundation

0151 235 1584
9.00am-2.30pm
(Mon - Thurs)
9.00am-12.00pm
(Friday)