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**Date request received by Burnside Pre-School: ........../........../..........**

**Child’s Details**

Child’s Full Legal Name**:**

Address the child is registered and resides at (proof of address is required to be seen by a staff member)**:**

Postcode**:**

Male/Female (please circle)

Date of Birth**: ........../........../..........** Current age:

**Parent/Carer Contacts Details** *(at least two telephone numbers* ***must*** *be provided in this section)*

**Mothers/Carers Full Name:**

Mobile/s:

Home/Landline number:

Address *(if different from above)***:**

Postcode**:**

NI Number: D.O.B:

**Fathers/Carers Full Name:**

Mobile/s:

Home/Landline number:

Address *(if different from above)***:**

Postcode**:**

NI Number: D.O.B:

**Is the above child currently attending sessions elsewhere? Yes/No (please circle)**

**Is your child entitled to the following:**

**2 year old fund Yes/No 30 hours 3 year old fund Yes/No**

**Has your child had a 2 year old assessment with the Health visiting team Yes/No**

**Is there a Special Educational needs/Disabilities pathway in place? Yes/No**

**Please give details of health problems, allergies, immunisations or special needs:**

**In filling out this form you are giving Burnside Centre consent to hold these details on file. Your information at this point will not be shared to any other third party. We will maintain high levels of procedures to protect this data and will keep it in accordance with the law. You can request the removal of your data from our system at any time. We only ever ask for and store data which supports our work and our beneficiaries to have the very best service from us. For more information on our policies and procedures please ask a member of staff.**

Please sign and date to confirm your acceptance to being on our waiting list.

**Signature of parent/carer filling out this form:**

**Date:**

Thank you. Please hand this form back to a member of staff.

|  |  |  |
| --- | --- | --- |
| **Address checked and verified?** | **Waiting list status:** | **Staff to sign below and add further comments if required:** |
| **At least two contact numbers given?** |  | (Please state priority level) |