

## Toucans - King Edwin Primary School Application and Data Collection Form



We provide daily Toucan sessions for 2 year olds from 12:30pm - 3:30pm, Monday - Friday. (Up to 15 hours per week, term-time only).

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Fees:						
15 hours free if eligible. Written confirmation to be provided. Please check eligibility at: <a href="https://www.northumberland.gov.uk/children-young-people-and-families/families/childcare/early-education-free-entitlement">https://www.northumberland.gov.uk/children-young-people-and-families/families/childcare/early-education-free-entitlement</a>						
Or						
£12 per session. 1-5 sessions per week to be booked and paid 4 weeks in advance.						
Please complete your request below and we will be in touch to confirm availability.						
<ul> <li>☐ My child is eligible for 15 hours free childcare.</li> <li>☐ I would like to pay for sessions per week (£12 per session)</li> <li>I would like to request the following sessions;</li> </ul>						
☐ Monday		☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	
Please complete the following information below:						
Surname:				Legal Surname:		
Forename:				Middle name:		
Chosen name:				Gender:		
Date of Birth:				<u> </u>		
Address:						
Post Code:						
Previous School: (if applicable)						

Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order that you wish for them to be contacted in an emergency. Please provide a <u>minimum of four contacts</u>.

Priority	Name/Relationship	Home Address/Phone/Mobile/Email			Place of Work/Phone		
1		Post Code: Tel: Mobile: Email:			Tel:		
2		Post Code: Tel: Mobile: Email:			Tel:		
3		Post Code: Tel: Mobile: Email:			Tel:		
4		Post Code: Tel: Mobile: Email:			Tel:		
Family I	inks (Please give deta	ils of any siblings atten	nding the school)				
Name:	inks (ricase give deta	Date of Birth:		Year:			
Name:		Date of Birth: Year:		Year:			
Travel Arrangements Please tick the appropriate choice							
Bicycle Train Walks Car Taxi School Coach Public Transport				lic Transport 			
	1						
Dietary Needs Please tick the appropriate choice							
Artificial colourin					er foods onl		
	No nuts of any typ Other - (Please giv					i i vegetarian	
Meal Arra	angement	Please tick the appropriate choice					
	Free School Meal	Paid School Meal Sandwiches Home				Other	
Madical conditions (Discos list one Madical conditions that sales about the conditions of							
Medical conditions (Please list any Medical conditions that school should be aware of)							

Health visitor:					
Address:					
Telephone:					
Has your child had a 2 year old check?	Yes/No		Received/Not received		
By whom?					
Date completed:					
	*delete as appropriate	е			
Doctor:					
Address:					
Telephone:					
-					
Dentist:					
Address:					
Telephone:					
Ethnicity:					
Home Language:	Re	ligion:			
	•				
General Data Protection Regulations (GDPR					
a duty to protect personal data. The school i DfE and other agencies (see school website for			data with the Local Education Authority,		
DIE und Other agencies (see school website it	<u> </u>				
Signature:	Date:				
If a child has a parent who does not live in the family home, schools are obliged to send relevant information to the parent e.g. parents' evenings, reports etc.					
Please tick the box if this applies to your ch	ild. We will th	ien contact	you to clarify details further.		

Please inform school as soon as possible should any of these details change.

## Permission to collect child from school

Name of child:				
Name of agreed adults	Phone number			