



**The Red Balloon Pre-school Group**



**Application Form**

Child's Surname ..... First Name .....

Date of Birth .....

Family Name, if different to child's .....

Address .....

Post Code .....

Telephone Number .....

Email Address.....

Parent's/Guardian Names .....

Who to contact in case of an emergency .....

Address .....

Telephone Number .....

Who will collect the child from Pre-school .....

Relationship to child (if applicable) e.g. Grandma, Aunt .....

Address ..... Tel No .....

Child's G.P Name and Address .....

..... Tel No .....

Child's Dentist Name and Address .....

..... Tel No .....

Health Visitor..... Tel No .....

Any Health Problems (if yes, give details) .....

.....

Any Allergies .....

Is there anything your child is not allowed to eat/drink .....

Does your child attend any other Early Years Setting .....

Is your child on a waiting list for any other Early Years Setting .....

How many children are in your family, please state boys/girls and age .....

.....

Is your child Toilet Trained .....

Any strong likes/dislikes .....

Does your child have a favourite toy

.....

In the event of an accident, I give my consent for my child to be taken to the doctors/hospital/dentist, by a member of staff:

Print Name .....

Signature ..... Date .....

Is there any other information you would like us to know about your child?

.....

Free Milk is provided for each child, does your child drink milk .....

**Session Times:** Mon - Fri 8.45-11.45am & 11.45-2.45pm @ £13.00 a session

**Balloon Buddies:** Mon - Fri 2.45-5.15pm, Times are 2.45-3.15pm @ £2.50, 2.45-4.15pm @ £7.50 & 2.45-5.15pm @ £12.50

**Tweedmouth West First School Breakfast Club:** 8.00-8.45am @ £1.50 per day

Please return completed form to:

Red Balloon Pre-school Group, Tweedmouth West First School, Osborne Road,  
Tweedmouth, Berwick Upon Tweed, TD15 2HS

Tel: 07790967868 or Email: [redballoonps@gmail.com](mailto:redballoonps@gmail.com)