

Elizabeth College Pre-School

APPLICATION FOR ADMISSION TO PRE-SCHOOL

1.	Surname of Child:	Gender:			
	First Names: (Please underline the name generally used)				
	Date of Birth: Nationality: Main language spoken: English/Other	Place of Birth: Religion:			
	Proposed Year of Admission:				
2.	Parent 1	Please tick to indicate child's main residence			
Tit	e: Mr/Mrs/Ms/Miss/Other	Relationship to child:			
Ful	I name:	Occupation:			
Ad	dress:	Daytime telephone:			
		Mobile:			
Pos	stcode:				
	ail (please print clearly below):				
3. Parent 2		Please tick to indicate child's main residence			
	e: Mr/Mrs/Ms/Miss/Other	Relationship to child:			
Full name:		Occupation:			
Ad	dress:	Daytime telephone:			
		Mobile:			
Pos	stcode:				
	stcode: ail (please print clearly below):				

5.	Please indicate any other Pre-School/Nursery settings that your child will be attending alongside Acorn House Pre-School:						
6.	Medical conditions/circumstances which we need to be made aware of (please see Notes on Page 4 for extra information):						
	Name of Doctor:		1	Telephone:			
	Name of Health Visitor:		1	Telephone:			
7.	Future School: ECJS Recep (at the age of 4)	tion:	n: Starting Date:				
	Other: A separate registration form is required for entry into Elizabeth College Junior School.						
	Wrens – Aged 2-3 years	5 Days	Mon/Wed/Fri	Tue/Thu	Additional		
	Early Birds – 8:30am - 9:00am				days		
	Mornings - 9:00am – 12:00pm						
	Full Days - 9:00am – 2:30pm						
	Late Club – 2:30pm - 3:00pm						
	* Owl Club – 2:30pm – 5:00pm						
l	2.30pm 3.00pm						
	Kingfishers – Aged 3-4 Years	5 Days	Mon/Wed/Fri	Tue/Thu	Additional days		
	Early Birds – 8:30am - 9:00am						
	Full Days - 9:00am – 2:30pm						
	Late Club – 2:30pm - 3:00pm						
	Owl Club – 2:30pm – 5:00pm						
8.	* Please note that Owls Club is only available for children who have turned 3 years old. Early registration is recommended. When registrations exceed available places, applications will be considered in the following order:						
	a. Those who have registered for Reception at ECJS Acorn House.						
	b. Children of staff employed at the College.						
	c. Those who have brothers or sisters already attending the College.						
	d. Those who are sons or daughters of Old Elizabethans.						
	e. Chronological order of application to the school.						
	Please note that completion of this form enters your child's name on the registration list for Pre-School, it does not guarantee a place. Confirmation of places and sessions will be given two terms before the proposed entry date.						

9. Data Protection Statement

The information on this form is required by the School for the purpose of administering the provision of education. The information is covered by the provisions of the Data Protection (Bailiwick of Guernsey) Law, 2017. Your signature to the form is deemed to be an authorisation by you to allow the School to process and retain the information on your child/ward. Information is collected and used in accordance with our Privacy Notice, a copy of which can be obtained from the College website (www.elizabethcollege.gg) or in hard copy from the College at any time.

10. We request that the name of our above-named child be registered as a prospective pupil (a cheque for the non-refundable registration fee of £50.00 payable to Elizabeth College is enclosed). We understand that the Standard Terms and Conditions of the School will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with the School. Current Standard Terms and Conditions are available on the College website or from the College.

(Each of those with parental responsibility to sign and complete below)

11. First Signature:	Second Signature:					
Name in Full:	Name in Full:					
Relationship to Child:	Relationship to Child:					
Date:	Date:					
THIS IS NOT A REGISTRATION FORM FOR ELIZABETH COLLEGE. IF YOU WISH TO REGISTER FOR THE JUNIOR OR UPPER SCHOOL, IT IS NECESSARY TO COMPLETE AN ELIZABETH COLLEGE REGISTRATION FORM. TO REGISTER FOR A PLACE FOR PRE-SCHOOL, PLEASE SEND THIS FORM TO: ECJS Pre-School, Acorn House, King's Road, St Peter Port, Guernsey GY1 1QB Telephone: 01481 724993 Email: officepreschool@ecjs.gg						
FOR OFFICE USE						
Date Received:	Wren Sessions:					
Date Acknowledged:	Kingfisher Sessions:					
Date entered on system:	Registration Fee Received					
Entered on iSAMS:						

