





 Kaydeena.com  
 admin@Kaydeena.com  
 07985194064

**Location Address:**  
 Walthamstow Academy  
 Billet Road, Walthamstow E17 5PD

## Student's (Weekend Pre School) Details Form

<b>First Name</b>		<b>Gender</b> (Male/Female)	
<b>Surname</b>		<b>Ethnicity</b>	
<b>DOB</b>		<b>First Language</b>	
<b>Age</b> (at time of application)		<b>Second Language</b>	
<b>List any nurseries/groups your child attends</b>			

**Special Educational Needs (SEN)** (Please write details of any conditions, e.g., dyslexia, autism, etc., your child has. Please provide the school with a **copy** of any relevant

	<b>Please include a copy of child's SEN Report if they have one</b>	<b>Official use only</b> <input checked="" type="checkbox"/>
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**Medical Notes** (Please write details of any medical conditions, e.g., asthma, epilepsy, allergies, diabetes etc., your child has. Please provide details of any medicine your child takes regularly or in emergencies.)

	<b>Please include a copy of child's Care Plan if they have one</b>	<b>Official use only</b> <input checked="" type="checkbox"/>
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**Islamic Education** (Please write the name of the institute he/she previously studied under and what they learned.)


Kaydeena may use audio or visual recording in learning activities or occasionally for promotional purposes. If you do not want your child to be included, please tick the box.

<input type="checkbox"/>
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We only take children that are fully toilet trained. Please tick to confirm this.

<input type="checkbox"/>
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Where did you hear about the Kaydeena Pre School? (please tick)	<input type="checkbox"/> Through Fatima Elizabeth Phrontistery
	<input type="checkbox"/> Kaydeena Instagram
	<input type="checkbox"/> Kaydeena Facebook
	<input type="checkbox"/> Word of Mouth
	<input type="checkbox"/> Whatsapp message
	<input type="checkbox"/> Other (Please specify)

## Further Details

### Student Address

First Line		Second Line	
Third Line		Town/City/County	
Postcode		Landline Phone no.	

### Mother

First Name		Middle Name/s	
Surname		Occupation	
Mobile		E-mail	
First Language		Second Language	
Address (If different)			

### Father

First Name		Middle Name/s	
Surname		Occupation	
Mobile		E-mail	
First Language		Second Language	
Address (If different)			

### Other Emergency contact details

First Name		Relationship (to student)	
Surname		Occupation	
Mobile		E-mail	
First Language		Second Language	
Address (If different)			

I declare all the information provided above to be true and complete.

Name

Relation (to student)

Signed

Date

Please email **both** this form and signed Kaydeena Fees Policy on [admin@kaydeena.com](mailto:admin@kaydeena.com).

Official use only

Date

Filed by

Application no.