

REGISTERED CHARITY NUMBER: 1015403

St Andrews School Site, Station Road, Congresbury, Bristol, BS49 5DX. Tel: 01934 707 262

http://www.congresburypreschool.org.uk email: congresburypreschool@aol.co.uk

**Admissions**

**Policy statement**

It is our intention to make our setting accessible to children and families from all sections of the local community. We aim to ensure that all sections of our community have access to the setting through open, fair and clearly communicated procedures.

**Procedures**

* We ensure that the existence of our setting is widely advertised in places accessible to all sections of the community.
* We ensure that information about our setting is accessible, using simple plain English, in written and spoken form and, where appropriate, provided in different community languages and in other formats on request.
* Where numbers exceed spaces, a waiting list will be used. Places are allocated ensuring that staffing ratios are adhered to.
* Our setting and its practices are welcoming and make it clear that fathers, mothers, other relations and carers are all welcome.
* Our setting and its practices operate in a way that encourages positive regard for and understanding of difference and ability - whether gender, family structure, class, background, religion, ethnicity or competence in spoken English.
* We support children and/or parents with disabilities to take full part in all activities within our setting.
* We share our Valuing Diversity and Promoting Equality Policy.
* We consult with families about the opening times of our setting to ensure that we accommodate a broad range of families' needs, where possible.
* We are flexible about attendance patterns to accommodate the needs of individual children and families, providing these do not disrupt the pattern of continuity in the setting that provides stability for all the children.
* Failure to comply with the terms and conditions may ultimately result in the provision of a place being withdrawn.

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| This policy was adopted by |  | *(name of provider)* |
| On |  | *(date)* |
| Date to be reviewed |  | *(date)* |
| Signed on behalf of the provider |  |
| Name of signatory |  |
| Role of signatory (e.g. chair, director or owner) |  |

**Further resources**