

NURSERY APPLICATION

Your Child’s Surname: . . . . . . . . . . . . . . . . . . . . . . . . . Forename: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Middle Name (s): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Chosen Name (if different to forename): . . . . . . . . . . . . . . . . . . . . . .

Gender (F/M): . . . . . . . . . . . Date of Birth: . . . . . . /. . . . . . /. . . . .

Is the child: Adopted / in Foster Care / Care of the Authority? Yes □ No □

If Yes please give details: ……………………………………………………………………………………………………………………………………….…

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIBLINGS**: Please can you confirm any siblings your child may have younger or older attending school or another nursery.

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . School/Setting: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . School/Setting: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**ADDRESS OF CHILD**:

Street: ……………………………………………………………………………………………………………………………………………………………………………….

Town: ………………………………………………………… Postcode: ……………………………………………

|  |
| --- |
|  |

Please give details of any persons who can be contacted regarding an admission query. Please use the **Contact Priority**

(numbers 1 to 2) to indicate the preferred order in which contacts should be contacted.

PARENT DETAILS:

Surname: . . . . . . . . . . . . . . . . . . . . . . . . . . . . Forename: . . . . . . . . . . . . . . . . . . . . . . Title: . . . . . . Gender (M/F): . . . . .

Daytime Tel No: . . . . . . . . . . . . . . . . . . . . . . Name of Daytime Place: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Notes (e.g. Mornings only): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Home Address: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Postcode: . . . . . . . . . . . . . . . . . . . Home Tel no: . . . . . . . . . . . . . . . . . . . . . . . . . Mobile Tel no: . . . . . . . . . . . . . . . . . . . . . .

E-mail address: ………………………………………………………………….

Please indicate relationship to child . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . (e.g. Parent, Step-parent, Aunt)

Does the above named contact have LEGAL PARENTAL RESPONSIBILITY for the child (Yes/No?) . . . . . . . . . . . . . . . . . .

**Contact Priority No**: . . . . . . . . . . . . . . . . .

OTHER DETAILS:

Surname: . . . . . . . . . . . . . . . . . . . . . . . . . . . . Forename: . . . . . . . . . . . . . . . . . . . . . . Title: . . . . . . Gender (M/F): . . . . .

Daytime Tel No: . . . . . . . . . . . . . . . . . . . . . . Name of Daytime Place: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Notes (e.g. Mornings only): . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Home Address: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Postcode: . . . . . . . . . . . . . . . . . . . Home Tel no: . . . . . . . . . . . . . . . . . . . . . . . . . Mobile Tel no: . . . . . . . . . . . . . . . . . . . . . .

E-mail address: ………………………………………………………………….

Please indicate relationship to child . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . (e.g. Parent, Step-parent, Aunt)

Does the above named contact have LEGAL PARENTAL RESPONSIBILITY for the child (Yes/No?) . . . . . . . . . . . . . . . . .

**Contact Priority No**: . . . . . . . . . . . . . . .

**SESSION PREFERENCE: (**Please number your **first, second & third choices** on dotted lines provided**)**

Our Nursery is Teacher led and supported by a Level 3 Play Leader

**15 hour Options**

**Option 1: - Beginning of the Week**

Monday all day (9am-3pm), Tuesday all day (9am-3pm), Wednesday morning (9am-12pm) …………

**NB: On the Wednesday half day your child will not have lunch at Nursery.**

**Option 2: - End of the Week**

Wednesday afternoon (12pm-3pm), Thursday all day (9am-3pm), Friday all day (9am-3pm) …………

**NB: On the Wednesday half day your child will have lunch at Nursery.**

**30 hour Options**

**Option 3**: - Full Week Monday – Friday 9am-3pm …………

**Option 4**: - Beginning of the Week Monday – Wednesday all day (8am-6pm) …………

**Option 5**: - End of the Week Wednesday -Friday all day (8am-6pm) ………...

**NB: For Option 4 and 5 your child would attend our school breakfast club and after school club outside of the Nursery 9am-3pm hours. With this option you can collect anytime between 3.30pm-6pm, however the full 30 hours would still be claimed.**

Please provide details of any Special Educational Needs your child has: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Is either parent a member of the Armed Forces? YES □ NO □

**MEDICAL INFORMATION**

Doctor’s Name: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Name of Practice: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Address of Practice: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Telephone Number of Practice: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Medical conditions/Allergies (of which school should be aware of) . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**ETHNICITY**

Ethnic Origin: . . . . . . . . . . . . . . . . . . . . . . . . Home Language: . . . . . . . . . . . . . . . . . Religion: . . . . . . . . . . . . . . . . . . . . . .

Country of Birth: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

**EDUCATIONAL HISTORY (If applicable)**

Previous School/Nursery Address Dates of Starting & Leaving

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . / . . . / . . . to . . . / . . . /. . .

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . / . . . / . . . to . . . / . . . /. . .

Present School/Nursery

. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . / . . . / . . . to . . . / . . . /. . .

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE(S)** (of persons who have legal parental responsibility for this pupil)

Signature: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Date: ……………………………

**By completing and signing this form you are consenting to us holding and processing your data in line with the GDPR/data protection rules and regulations.**