



APPLICATION FORM FOR A NURSERY PLACE

ALL INFORMATION GIVEN ON THIS FORM WILL BE TREATED IN CONFIDENCE
YOUR CHILDS BIRTH CERTIFICATE MUST BE SHOWN TO THE SCHOOL OFFICE STAFF



Your Child			
Child's Family Name		Forenames	
Child's Legal Surname (if different)			
Address		Postcode	
Date of Birth		Gender	

Family Information			
Mother's Full Name:		Fathers Full Name:	
(Address if different from above)		(Address if different from above)	
Telephone Number		Telephone Number	
Who has Parental Responsibility?			
Who does the child live with?			
Languages Spoken at Home			
Religion			
Emergency Contact Address/Phone			

Special Educational Needs			
Does your child have an Individual Education, Health and Care Plan (EHCP)?	Yes ☐	No ☐	
Is he/she in the process of being assessed?	Yes ☐	No ☐	
Does your child receive support for special needs e.g. Portage/DLA?	Yes ☐	No ☐	
Wider Information About Your Child	If yes, what?		
	Speech Therapy	Yes ☐	No ☐
	Visual Difficulties	Yes ☐	No ☐
	Hearing Problems	Yes ☐	No ☐
	Epilepsy	Yes ☐	No ☐
	Asthma	Yes ☐	No ☐
	Social/Emotional Needs	Yes ☐	No ☐
	Medication	Yes ☐	No ☐
	Injections to date	Yes ☐	No ☐
	Special Diet	Yes ☐	No ☐
	Allergies	Yes ☐	No ☐

Additional Information	
Name and Address of Doctor	
Health Visitor	Yes ☐ No ☐
Social Worker	Yes ☐ No ☐
Is your child on the Child Protection Register or subject to a Care Order?	Yes ☐ No ☐

Does anyone within your home have physical mental or other serious health problems or special needs?	
Are you a refugee/seeking asylum seeker status?	Yes ☐ No ☐
Do you receive Income Support?	Yes ☐ No ☐
Do you have 3 or more children under six?	Yes ☐ No ☐
Has your child been adopted?	Yes ☐ No ☐
Has your child had any other nursery or school experience?	Yes ☐ No ☐ If yes, where?

Please enter below details of other children who are currently in primary school		
Child's Name	Date of Birth	School

Complete if Applying for a Nursery Place			
- All 3 and 4 year old children are entitled to a free part-time place of 5 sessions per week - It is illegal to claim a free place at more than one setting - Additional childcare sessions may be available but will have to be paid for and may not be available at all schools			
Which primary school do you wish your child to attend after Nursery?	1st Choice: 2nd Choice:		
Is your child's name on the waiting list for any other Nursery?	Yes ☐	No ☐	
Part-Time Place Required	Morning 8:50am–11:50am	Yes ☐	No ☐
Full-Time Place Preferred	Yes ☐	No ☐	
Eligible for 30 hours Full Time	Yes ☐	No ☐	Not Sure ☐
Paying Top Up 30 hours (£107.50 per week)	Yes ☐	No ☐	
Preferred Days/Sessions (e.g. Monday and Tuesday full days. Wednesday morning).			
Please see our school website for our Privacy Notice, this is located under the Parents Section, General Data Protection Regulations			

Parents/Guardian Signature:		Date	
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OFFICIAL USE ONLY:

Birth Certificate Checked: Yes / No