**Nursery Application Form 21-22**

| **CHILD DETAILS** |  |  |  |
| --- | --- | --- | --- |
| Forename(s) |  | Known As |  |
| Surname |  |  |  |
| Date of Birth |  | Gender (M/F) |  |
| Address |  |
| Post Code |  | Telephone No. |  |
| **PARENT/CARER INFORMATION – IN PRIORITY ORDER** |
| Mothers Name |  | Title |  |
| Address |  |
| Postcode |  | Telephone No |  |
| E-Mail |  | Mobile No. |  |
|  |
| Fathers Name |  | Title |  |
| Address |  |
| Postcode |  | Telephone |  |
| E-Mail |  | Mobile No |  |
| **Additional Contact Information** |
| Name | Address | Relationship | Tel Nos |
|  |  |  | Home Tel:Mobile : |
|  |  |  | Home Tel:Mobile : |
| **Nursery Session Request** |
| **Please indicate which sessions you wish the child to attend nursery**, we are currently open Monday to Thursday, morning and afternoon sessions.  |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| AM |   |   |   |  |  |
| PM  |  |  |  |  |  |
| **If your child is attending Nursery sessions at another setting please state name of setting and which sessions they are attending:****Name of setting …………………………………………………………………………………….****Sessions attended**

| Monday | Tuesday | Wednesday | Thursday | Friday |
| --- | --- | --- | --- | --- |
| am | am | am | am | am |
| pm | pm | pm | pm | pm |

 |

| **Medical Information** |
| --- |
| Does your child have any medical condition, disability or long term illness? | Yes No |
| Does your child have any special dietary requirements?If Yes details: | Yes No |
| **Please provide details of any concerns you may have about your child’s** |
| SightHearingSpeech/LanguageCoordination/MovementBehaviourToileting |  |
| **Child’s Doctor** |
| Practice |  |
| Address |  |
| Name of Health Visitor |  |
| Post Code |  | Telephone No. |  |
|  |
| **Ethnic Origin**  | Asian Bangladeshi ◻Asian Chinese ◻Asian Indian ◻Asian Other ◻ Asian Pakistani ◻ Black African ◻  | Black Caribbean ◻Black Other ◻Gypsy Traveller ◻Mixed ◻Occupational Traveller◻ | Other (please specify) ◻Not disclosed ◻Not known ◻White British ◻White Other ◻ |
| **First Language** |  |
| If you have ticked one of the ‘Other’ boxesplease enter specific ethnic origin here:- |
| **Milk and Fruit** |
| I would like my child to have milk and fruit during their session/s. | **Milk** Yes ◻ No ◻ **Fruit**  Yes ◻ No ◻  |
| **Dietary requirements** | **Allergies** |
|  |  |
| **I declare the information on this form to be correct to the best of my knowledge.** |
| Signed: |
| Print Name: | Date: |

**Please note that due to the Government Guidance in relation to Covid – 19 we have made slight changes to the nursery day.**

**Morning Session 9.00am – 12.00pm (Lunch 12.00 12.30 pm)**

**Afternoon Session 12.30 – 3.00 pm**