**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** | | | | | |
| Sight  Hearing  Speech/Language  Coordination/Movement  Behaviour  Toileting |  | | | | |
| **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**