

Breamish Valley Community Nursery



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?		Yes	No
If Yes details:			
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 <input type="checkbox"/> Asian Chinese <input type="checkbox"/> Asian Indian <input type="checkbox"/> Asian Other <input type="checkbox"/> Asian Pakistani <input type="checkbox"/> Black African <input type="checkbox"/>	Black Caribbean <input type="checkbox"/> Black Other <input type="checkbox"/> Gypsy Traveller <input type="checkbox"/> Mixed <input type="checkbox"/> Occupational Traveller <input type="checkbox"/>	Other (please specify) <input type="checkbox"/> Not disclosed <input type="checkbox"/> Not known <input type="checkbox"/> White British <input type="checkbox"/> White Other <input type="checkbox"/>
First Language			
If you have ticked one of the 'Other' boxes please enter specific ethnic origin here:-			
Milk and Fruit			
I would like my child to have milk and fruit during their session/s.		Milk Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Fruit Yes <input type="checkbox"/> No <input type="checkbox"/>	
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