

Stockwell Primary School

Nursery Application Form

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| TWO YEAR FUNDING REFRENCE NUMBER |  |
| FRIRST NAME (S) |  | LAST NAME |  |
| DATE OF BRITH |  | GENDER |  |

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| CHILD’S ADDRESS |  |
| HOME TELEPHONE NUMBER |  |

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| PARENTS/CARERS | MOTHERS NAME: | FATHERS NAME: |
| MOBILE |  |  |
| EMAIL |  |  |

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| ETHNICITY |  | RELGION |  |
| HOME LANGUAGE |  | DATE OF ENTRY INTO UK (if applicable) |  |

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| NAME OF PREVIOUS NURSERY (if any) |
| ADDRESS |  |
| TELEPHONE NUMBER |  |
| DATS & REASON FOR LEAVING |  |

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| DO YOU HAVE A CHILD IN THE PRIMARY SCHOOL? YES / NOIF YES, PLEASE GIVE NAME(S)NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASS: \_\_\_\_\_\_\_\_\_\_\_\_NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASS: \_\_\_\_\_\_\_\_\_\_\_\_NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASS: \_\_\_\_\_\_\_\_\_\_\_\_NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CLASS: \_\_\_\_\_\_\_\_\_\_\_\_ |

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| PLEASE TICK (HIGHLIGHT) YOUR CHOICE OF ATTENDANCE:(PLEASE NOTE THAT TOP-UP IS LIMITED. SEE ATTACHED LETTER FOR MORE INFORMATION)PART TIME – MONRINGPART TIME – AFTERNOONFULL TIME |

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| ANY SPECIAL DIETRY INFORMATION: (No Meat/ Nuts/Dairy/ etc.) |

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| ANY MEDICAL INFORMATION (i.e. Asthmatic) |

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| DOES YOUR CHILD TAKE REGUALRE MEDICATION? |

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| DOCTOR’S NAME AND ADDRESS |
| TELEPHONE NUMBER: |

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| SO THAT WE HELP YOUR CHILD IN NURSUERY, PLEASE TELL US ABOUT ANY SPECIAL EDUCATIONAL NEEDS YOU ARE AWARE OF OR ANY CONCER YOU MAY HAVE.  |

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| PLEASE LIST ANY PROFESSIONAL’S THAT MAY BE WORKING/SUPPORTING YOU OR YOUR CHILD E.G. SOCIAL WORKER, SPEECH AND LANGUAGE THERPIST. **PLEASE INCUDE A CONTACT NUMBER FOR THEM.** |

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| **TRIPS**I AGREE FOR MY CHILD TO GO ON **LOCAL** EDUCATIONAL VISITS WITH STAFF. I UNDERSTAND THAT THIS MAY BE DONE WITHOUT A LETTER BEIGN SENT HOME. (please tick or highlight)Yes No  |

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| **PHOTOGRAPHS**I AGREE FOR MY CHILD TO HAVE THEIR PHOTOGRAPH TAKEN FOR: (please tick or highlight)The School/Children Centre WebsiteThe Termly NewsletterThe Life Channel (The TV screens located in the school’s playground and the reception)School/Children’s Centre Promotional Material Yes No  |

**CONTACT DETAILS:**

If your child is sick, or has an accident, we want to contact you quickly. Please can you fill in **all** sections of this form. In the event that we cannot get hold of parent contact 1 and parent contact 2, we will phone your emergency contact.

If your child is uncollected and we are unable to contact parent 1 and parent 2, we will call your emergency contact person to collect your child.

 **If any of the contact details in this section of the form changes, you must tell us immediately.**

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| **PARENT/CARER CONTACT 1** |
| NAME |  |
| RELATIONSHIP TO CHILD |  |
| ADDRESS |  |
| TELEPHONE NUMBER |  |
| MOBILE NUMBER |  |
| WORK NUMBER |  |
| EMAIL ADDRESS |  |

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| **PARENT/CARER CONTACT 2** |
| NAME  |  |
| RELATIONSHIP TO CHILD |  |
| ADDRESS |  |
| TELEPHONE NUMBER |  |
| MOBILE NUMBER |  |
| WORK NUMBER |  |
| EMAIL ADDRESS |  |

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| **EMERGANCY CONTANCT** |
| NAME  |  |
| RELATIONSHIP TO CHILD |  |
| ADDRESS |  |
| TELEPHONE NUMBER |  |
| MOBILE NUMBER |  |
| WORK NUMBER |  |
| EMAIL ADDRESS |  |

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|  SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PARNET/CARER) DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **FOR OFFICE USE ONLY** |

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| **BIRTH CERTIFICATE** |  | **DATE OF ADMISSION** |  |
| **PROOF OF ADDRESS** |  | **UPN ADMISSION NUMBER** |  |
| **SEN PAPERS** |  | **CLASS/YEAR GROUP**  |  |
|  |  | **DATE ENTERED ON SIMs** |  |
|  |  | **SIGNED** |  |

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| **ANY NOTES/INFORMATION**  |