



Nursery Application Form

Please complete and return to the School Office as soon as possible.

Basic Details of Child:

Legal Forename: Middle Names:

Legal Surname: Date of Birth:

Preferred Forename: Gender:

Preferred Surname: Age:

Address Details:

Home address:

.....

.....

Post Code: Home telephone:

Emergency Contact 1

Mother's Title Home Telephone:

Mother's Forename: Surname:

Address:

.....

.....

Postcode: Occupation:

Mobile number: Email:

Emergency contact 2

Father's Title Home Telephone:

Father's Forename: Surname:

Address:

.....

.....

Postcode: Occupation:

Mobile number: Email:

Please give details of anyone who has *parental responsibility* and anyone else you wish to be contacted in an emergency. Unless otherwise informed, parents will be contacted first.

Emergency contact 3

Forename: Surname:

Address:

.....

Postcode Contact Telephone:

Mobile No: Relationship to Child:

Emergency contact 4:

Forename: Surname:

Address:

.....

Postcode Contact Telephone:

Mobile No: Relationship to Child:

Other children in family (with D.o.B)

1 D.o.B

2 D.o.B

3 D.o.B

4 D.o.B

Siblings already attending Barnsbury Primary School:

1 Year Group

2 Year Group

3 Year Group

Ethnicity and Languages

Ethnicity: Religion:

Country of Birth: Nationality:

Country of issue of passport:
(please enclose a copy of front cover and photograph page)

First Language of child:

First Language of parent:

Languages spoken at home:

Does your Child Speak English as an Additional Language? Yes/No

Travel arrangements (please circle):

Walk Car Public Transport Cycle Car Share Taxi Other

Medical Information:

Name of Medical Practice:

Address of Medical Practice:

.....

Telephone No: Doctor:

Does your child have any medical conditions such as asthma or eczema? Yes/No

If yes please give details:

.....

Does your child have any allergies? Yes/No

If yes please give details:

.....

Does your child need medication on a daily basis? Yes/No

If yes please give details:

.....

Does your child use any of the following on a daily basis: Glasses/Hearing Aids/Asthma Inhaler

If yes please give details:

.....

Does your child attend hospital regularly? Yes/No

If yes please give name of hospital, consultant and reason for attending:

.....

.....

Please provide the Nursery with an asthma inhaler and/or Epi-Pen if your child requires one together with a photograph

Dietary Requirements:

Does your child have any food allergies? Yes/No

Do they require an Epi-Pen for this allergy? Yes/No

If yes please give details:

.....

Is your child a vegetarian? Yes/No

If yes does your child eat fish? Yes/No

Please give any further information which you feel we should be aware of regarding your

Child's dietary requirements:

.....

.....

If your child has an allergy or is a vegetarian please attach a photograph.

Previous Nurseries attended:

Name of previous Nursery:

.....

Address:

.....

Date left: Tel No:

Does your child special educational needs, social needs or a disability? Are they supported by Social Services, a Speech Therapist, Educational Psychologist or Child and Family Guidance? (An application will not be considered under this criterion unless independent evidence is provided. Please provide further details together with any relevant documentation.

Nursery Sessions:

From September 2017 we will be offering the following options of attendance for your child's 15 core hours Government Funded Nursery place.

Please indicate your preferred attendance preference by ticking the box:

- ☐ 2 ½ days – All day Monday and Tuesday (9am – 3pm) and Wednesday morning (8.45am-11.45am)
- ☐ 2½ days – Wednesday afternoon (12 noon-3pm) and all day Thursday and Friday (9am-3pm)
- ☐ I would like to apply for all 5 days (9am-3pm) totalling 30 hours (15 hours funded by the Government as core hours and 15 additional hours either paid for by parent or entitled to 30 hours Government funding) please specify:
- ☐ Funded/paying for additional 15 hours

Date place required:

FEET Funding:

Children who are eligible for FEET funding the term after their 2nd Birthday (these children will be able to stay on in the Nursery for two further years in 2019/20 and 2020/21 and will be due to start Early Years in September 2021)

FEET Application No:

Please see FEET information On Surrey County Council website – Free Early Education and childcare for Two Year Olds (FEET)

Other Information:

Please use this section to provide us with any other information about your child that you feel may be relevant:

Signed: Parent/Guardian

Dated:

NB: Completion of this form does not guarantee a place or a particular session for your child

Local School Trips

As part of the curriculum we would like to take your child out on visits in the local area within walking distance of the school.

I understand that those supervising my child are in loco parentis and must exercise a standard of care that would be expected of a reasonably prudent parent. The County Council will not be responsible for personal injury or any other damage or loss unless it is negligent.

I hereby give permissions for my child to take part in local trips through the duration of their time at Barnsbury Primary School and Nursery.

Signature:

Printed Name:

Date:



for Office Use only:

Date Application form received

Date Place offered:

Date added to waiting list:

Date started:

Date left:

School attending for EYFS: