



CHILDREN AND YOUNG PEOPLE'S SERVICES

Application for a Nursery Place in a Maintained Nursery School or Unit

Maintained Nursery School or Unit:

Child's Name:

Address:

Postcode:

Tel. No.

Email:

Child's Date of Birth:

Name of Parent/Carer:

Where else have you applied for your child's admission into free Early Years Provision?

Has your child been offered a place at any other nursery?

YES

NO

If yes, please give name:

Maintained Nursery School or Unit - 1st preference:

Maintained Nursery School or Unit - 2nd preference:

Maintained Nursery School or Unit - 3rd preference:

If your child has a Statement of Special Educational Needs or will require additional support in Nursery, please inform us as soon as possible.

When would you like your child to attend:

MON

TUE

WED

THUR

FRI

AM

AM

AM

AM

AM

PM

PM

PM

PM

PM

Date of Application:

Signed:

To be completed by the school

Date of Child's entry into Early Years Provision:



St. John's CE Aided Primary School

INFORMATION SHEET

Please complete as much as possible

Child's Surname:..... Child's Forename:.....
 Date of Birth:..... Other names:.....
 Address:..... Sex: Male / Female

 Postcode:.....

Should an emergency occur in school, it is sometimes necessary to contact a parent/guardian during the daytime. Please indicate below where each parent/guardian may be contacted during school hours.

<u>Father/Guardian</u>	<u>Mother/Guardian</u>
Full Name:.....	Miss/Mrs/Ms: <i>Please delete as appropriate</i>
Address:.....	Full Name:.....
.....	Address:.....
.....	Post Code:.....
Post Code:.....	Home telephone No:.....
Telephone Number:.....	Mobile No:.....

If nature of your occupation makes daytime contact difficult, please give the name, relationship, telephone number and location of up to two/three persons who may be reached in the event of an emergency to act on your behalf.

1.	Name	Relationship to child	Telephone Number	Place of Contact
2.	Name	Relationship to child	Telephone Number	Place of Contact
3.	Name	Relationship to child	Telephone Number	Place of Contact

Name of Family Doctor: Dr..... Practice:.....

Address of Doctor/Practice:..... Telephone No:.....

Lunch Arrangements: Packed Lunch School Meal Free School Meal

Does your child have any medical conditions of which you wish the school to be aware?

If YES, please give details:.....

Signature of Father/Mother/Guardian:.....