



NURSERY SCHOOL ADMISSION FORM

CHILD'S DETAILS

Legal Surname		Date of Birth	
Forename		Gender	Male/Female
Any other names		Country of Birth	
Address			
Home Telephone		When do you wish your child to start nursery?	
Ethnicity		Religion	
First Language spoken by child		Language spoken at home	
CHILDS NHS Number			
Is the child in Public Care YES/ NO	Known to children's Services (Social Worker) or Children's Action Team YES / NO	Statemented for Special Educational or has an EHCP: YES / NO	Known to the Educational Psychology Service: YES / NO
Have a disability / illness: YES / NO			

Please be advised if you have answered Yes to any of the above, please provide details below. The school may contact you to discuss this further.

NAME OF PARENT/CARER DETAILS

Mother Parental Responsibility Daytime Tel Mobile No. Email address Home Address (if different from Child) National Insurance Number Signature	Father Parental Responsibility Daytime Tel Mobile No. Email address Home Address (if different from Child) National Insurance Number Signature
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Do you consent to your child being photographed / recorded on video in connection with St Anne's Nursery?	Yes/No	Do you consent to your child being named individually in newspapers in connection with St Anne's Nursery?	Yes/No
Do you consent for photographs/videos of your child to be used on the St. Anne's website?	Yes/No	Do you consent to your child undergoing routine checks by the Community Nurse?	Yes/No
Do you consent for the mother's mobile phone to be added to a Nursery WhatsApp chat organised and managed by the parents?	Yes/No	Do you consent for the father's mobile phone to be added to a Nursery WhatsApp chat organised and managed by the parents?	Yes/No

Please make sure you provide the school with a copy of the birth certificate of your child and a baptism certificate (if applicable).

OTHER EMERGENCY CONTACTS

Please give details of **two additional** people who may be contacted in an emergency (not already listed) and their contact numbers

Name (1)		Name (2)	
Relationship to child		Relationship to child	
Contact Telephone No		Contact Telephone No	

PREVIOUS NURSERY SETTING/CHILDCARE PROVIDER ATTENDED

		From			To	
		MMM	YY	MMM	YY	

How will Your child travel to Nursery

Walk/Car/Public Transport/Cycle/Other
Please circle as appropriate

MEDICAL DETAILS

Doctor's Name		Doctor's Address	
Doctor's Tel Number			

Please list any medical conditions that we should know about with any regular medication

Please list any allergies that we need to be aware of

Please list any dietary requirements that we need to be aware of (ie no pork etc)

NURSERY SESSIONS

Sessions offered are;

Morning - 8.45 - 11.45 or Afternoon - 12.30 - 3.30

Do you wish your child to attend for Mornings or Afternoon sessions? Please circle as appropriate:

MORNINGS Y/N

AFTERNOONS Y/N

LUNCH TIME SESSIONS

Lunchtime Session - 11.45 - 12.30

Do you wish your child to stay for Lunchtime at a cost of £5.25 per session? Y/N

Please indicate the days you require below.

LUNCH - MON - TUES - WED - THURS - FRI

Please note places must be booked in advance.

ADDITIONAL SESSIONS

Do you wish to request additional sessions? Y/N

Please indicate the additional sessions you require below.

MORNINGS - MON - TUES - WED - THURS - FRI

AFTERNOONS - MON - TUES - WED - THURS - FRI

Please note additional sessions are subject to availability.

COSTS

All children are entitled to 15 hours of funded term time education from the term following their 3rd birthday. There are also two different funding schemes by the Government that offer 15 hours of free term time nursery for eligible 2 year old children. A funding of 30 hours is available for eligible 3 to 4 year olds of working parents.

If your child is not in receipt of any funding or you want to pay for additional Nursery hours, the costs are:

2 year olds £28.20 per each morning or afternoon session (3 hours)

Over 3 years old £21 per each morning or afternoon session (3 hours)

Lunchtime for all £5.25 for 45mins

Please provide the Eligibility Code for funded hours (if you have one):

Invoices will be issued on a monthly basis in advance. Payment is required before the fifth day of each month, thank you.

All non-funded contractual sessions are chargeable. Changes should be requested in writing 1 month in advance. Sessions are non-transferable. You will be charged if your child does not attend as a result of illness.

SIGNATURE OF AGREEMENT

By signing this form, I agree that:

- I will pay all invoices issued in respect of my child
- I will pay all invoices within 14 days of receipt of the invoice
- I will give a minimum of 1 month's notice of any change of hours (including termination of place).

Signed:

Date: