**OUR Lady & St Thomas Catholic Primary School, Willington**

**Little Owls Nursery Application Form**

***Section 1 Student’s Details***

|  |  |  |
| --- | --- | --- |
| Personal Details | | |
| Surname |  | |
| Forename(s) |  | |
| Preferred Name |  | |
| Gender (Please tick one) | Male | Female |
|  |  |
| Date of Birth |  | |
| Home Address & Postcode |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Previous Nurseries | | | |
| Names & Addresses of previous nursery school(s) |  |  |  |
| From DD/MM/YYYY |  |  |  |
| To DD/MM/YYYY |  |  |  |

|  |  |  |
| --- | --- | --- |
| Is your child a ‘*looked after*’ child? | Yes |  |
| No |  |
| If yes, which local authority looks after your child? |  | |

|  |  |  |
| --- | --- | --- |
| Does your child have a parent/carer in the Forces? | Yes |  |
| No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Date of Birth of sibling(s) including step-siblings if appropriate: | | | |
|  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Does your child have Special Educational Needs? | | | | | Yes |  |
| No |  |
| Do you have consider your child to have a disability under the Equality Act 2010 definition:  *A person is disabled under the* [*Equality Act 2010*](http://www.legislation.gov.uk/ukpga/2010/15/section/6) *if they have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on their ability to do normal daily activities. ‘Substantial’ is more than minor or trivial and ‘long-term’ means 12 months or more. Although this condition may be managed with medication, please consider your child’s life without the availability of medication.* | | | | | | |
| Yes |  | | |
| No |  | | |
| Does the medical condition require medical treatment or considerations in school? | | | | | | | |
| Yes | |  |
| No | |  |
| In order to consider the need for an Individual Healthcare Plan please provide details below of any existing medical conditions: | | | | | | | |
|  | | | | | | | |
| Name of Doctor | | |  | | | | |
| Address | | |  | | | | |
| Telephone Number | | |  | | | | |

|  |  |  |
| --- | --- | --- |
| Intended Meal Arrangements (Please tick one) | | |
| School Meal (paid) | Home-Prepared Packed Lunch | Lunch at Home |
|  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FOOD ALLERGIES** | | | | |  | |  | |
| Does your child require any special food? (Please tick one) | | | | | Yes | |  | |
| No | |  | |
| Does your child need to avoid any foods? (Please tick one) | | | | | Yes | |  | |
| No | |  | |
| **If YES to either question, please provide details below:** | | | | | | | | |
|  | | | | | | | | |
| Main Method of Travel to and from School (Please tick one only) | | | | | | | | |
| car/van | car share | bicycle | public bus | taxi | | walk | | other |
|  |  |  |  |  | |  | |  |

***Section 2 – Requirements***

**Note**: Sessions are normally morning 9-12pm or afternoon 12-3pm, 5 days a week, in term time, or every day 9-3pm for 30 hours entitlement.

We will try to be flexible subject to availability, there are some conditions attached to this arrangement. Please ask for details from the office. Whilst we try to arrange sessions to suit your needs, we have a limit to the number of children who can attend each session. If you would like us to consider alternative sessions please state this in the comments box below.

**Funded sessions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 15 hours  Morning Session  9-12pm | 15 hours  Afternoon Session  12-3pm | 15 hours  No preference for Am or Pm Session | 30 hours =  All day 9-3pm  Mon-Fri |
| Please tick |  |  |  |  |
| Start Date |  |  |  |  |
| Comments |  |  |  |  |

**Extra payable sessions** required in addition to funded hours, subject to availability.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Breakfast club  8-9am | Am Sessions  9-12pm | Pm Sessions  12-3pm | After school club  3-4pm |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Have you applied for your child’s admission to **any** other Early Years provider? | Yes |  |
| No |  |
| If Yes please state which one and which is your first choice. | | | |
|  | | | |

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| --- |
| Ethnic Background |
| Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.  The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.  **Please study the list below and tick one box only to indicate the ethnic background of the pupil or child. Please also tick whether the form was filled in by a parent/carer or the pupil.** |
| **White**   |  |  |  | | --- | --- | --- | | **●** | **( )** | British | | **●** | **( )** | Irish | | **●** | **( )** | Gypsy | | **●** | **( )** | Roma *(European Roma)* | | **•** | **( )** | Traveller *(including English Traveller, Irish Traveller, Scottish or Welsh Travellers)* | | **●** | **( )** | Any other White background, please write in :  *(including Polish, Turkish and Turkish Cypriot, Eastern/Western European, Armenian, Russian,White North American, White South Africans etc)* | |
| **Mixed**   |  |  |  | | --- | --- | --- | | **●** | **( )** | White and Black Caribbean | | **●** | **( )** | White and Black African | | **●** | **( )** | White and South Asian | | **●** | **( )** | Any other mixed background *(including White background & Black North American, White background & Chinese, Asian & Black background, Chinese & Black background etc)* | |
| **Asian or Asian British**   |  |  |  | | --- | --- | --- | | **●** | **( )** | Indian | | **●** | **( )** | Pakistani | | **●** | **( )** | Bangladeshi | | **●** | **( )** | Any other South Asian background *(including Sri Lankan, Nepalese, African Asians etc)* | |
| **Black or Black British**   |  |  |  | | --- | --- | --- | | **●** | **( )** | Caribbean | | **●** | **( )** | African *(including sub-Saharan Africa)* | | **●** | **( )** | Any other Black background *(Black North American, Black European etc)* | |
| **Chinese or Chinese British**   |  |  |  | | --- | --- | --- | | **●** | **( )** | *(including Malaysian Chinese, Singaporean Chinese etc)* | |
| **Any other ethnic background**   |  |  |  | | --- | --- | --- | | **●** | **( )** | *Latin/South/Central American* | | **●** | **( )** | *Iranian, Iraqi, Saudi, Kuwaiti, Palestinian, Jordanian etc* | | **●** | **( )** | *Afghani, Kurdish from Turkey/ Iraq/ Iran* | | **●** | **( )** | *North African – Moroccan, Algerian, Tunisian, Libyan, Egyptian* | | **●** | **( )** | *Japanese, Thai, Vietnamese, Filipino, Malaysian other than Malaysian Chinese etc* | | **●** | **( )** | *and Any Other Ethnic background* | |
| **I do not wish an ethnic background category to be recorded**   |  |  |  | | --- | --- | --- | | **●** | **( )** | ***Completed by: Parent / Pupil*** | |

|  |  |  |
| --- | --- | --- |
| **Languages used within the family?** | | **What, if any, is the pupil’s religion or belief?** |
| Language 1 |  |  |
| Language 2 |  |

If you have not completed this section within four weeks, then the school may use its best judgement to assess the ethnic background and language(s) of your child, noting that the information has been arrived at in this way, rather than by you. The school will let you know this decision and you can ask to have this decision altered or removed, if you wish.

***Section 3 - Details of Parents/Carers***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Parent/Carer 1 |  | | | | | | | | | |
| Relationship to child  (Please Tick one) | Parent |  | Step Parent |  | Legal Guardian |  | Foster Carer |  | Social Worker |  |
| Home Address |  | | | | | | | | | |
| Workplace Name, Telephone Number |  | | | | | | | | | |
| Primary Contact Number |  | | | | | | | | | |
| Second Contact Number |  | | | | | | | | | |
| Email Address |  | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Parent/Carer 2 |  | | | | | | | | | | |
| Relationship to child | Parent |  | Step Parent |  | Legal Guardian |  | Foster Carer |  | Social Worker |  | |
| Home Address |  | | | | | | | | | | |
| Workplace Name, Telephone Number |  | | | | | | | | | | |
| Primary Contact Number |  | | | | | | | | | | |
| Second Contact Number |  | | | | | | | | | | |
| Email Address |  | | | | | | | | | | |
| Please detail any court orders affecting access to your child? | | | | | | | | | | |
|  | | | | | | | | | | |

***Section 3 Emergency Contact Details (in priority order – this includes parents)***

|  |  |
| --- | --- |
| Full Name - Contact 1 |  |
| Relationship to child |  |
| Primary Contact Number |  |
| Secondary Contact Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name 2 - Contact 1 |  | | |
| Relationship to child |  | | |
| Primary Contact Number |  | | |
| Secondary Contact Number |  | | |
| Form Completed By  (Print name) |  | | |
| Signed |  | Date |  |

I understand that there is no automatic right of transfer from the nursery class to the reception class at

Our Lady & St Thomas Catholic Primary School.

|  |  |  |  |
| --- | --- | --- | --- |
| Form Completed By (Print name) |  | | |
| Signed |  | Date |  |