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 **Little Wrens Nursery Application Form**

*Section 1 Child’s Details*

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

|  |
| --- |
| Previous Nurseries |
| Names & Addresses of previous nursery |  |  |  |
| 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? |  |

|  |
| --- |
| 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 your child have a medical condition which requires medical treatment/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: |
|  |

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

|  |  |  |
| --- | --- | --- |
| 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: |
|  |

|  |
| --- |
| Please provide any additional information which may help us to understand your child (fears, reactions to change, extended family members, step family members) or anything at all you feel may be relevant. |
|  |

*Section 2 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, Address and 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, Address and Telephone Number |  |
| Primary Contact Number |  |
| Second Contact Number |  |
| Email Address |  |
| Please detail any court orders affecting access to your child? |
|  |

*Section 3 – 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 hoursMorning Session9-12pm | 15 hoursAfternoon Session12-3pm | 15 hoursNo preference for Am or Pm Session | 30 hours = All day 9-3pmMon-Fri |
| Please tick  |  |  |  |  |
| Start Date |  |  |  |  |
| Comments |  |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Breakfast club8-9am  | Am Sessions9-12pm | Pm Sessions12-3pm | After school club3-4pm  |
| 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. |
|  |

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

St Mary’s RCVA Primary School.

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