

CHEDDAR GROVE NURSERY APPLICATION FORM



PLEASE COMPLETE IN BLOCK CAPITALS

CHILD'S INFORMATION

Surname: _____ Legal Surname (If Different): _____

Forename: _____ Middle Name(s): _____

Preferred Name (If Different): _____ Gender: _____

Date of Birth: ____/____/____

Address: House/Flat/Apartment No: _____ Post Code: _____

Address Line 1 _____ Address Line 2 _____

Who lives at above address with child: Mother [] Father [] Siblings [] Grandparents [] Other _____

Ethnicity: _____ Nationality: _____ Religion: _____

First Language: _____ Other languages spoken at home: _____

PARENTAL RESPONSIBILITY

1. Relationship to Child: _____ Full Name: (Mr/Miss/Mrs/Ms) _____

Address: _____ Post Code: _____

Contact No: _____ Email address: _____

2. Relationship to Child: _____ Full Name: (Mr/Miss/Mrs/Ms) _____

Address: _____ Post Code: _____

Contact No: _____ Email address: _____

SIBLINGS

Does the child above have any siblings that attend Cheddar Grove School: Yes [] No []

(If yes) Name: _____ Year: _____ Class at present: _____

Which Doctor's Practice is your child registered with?

Address: _____

Post Code: _____

Doctor's name: _____

Telephone number: _____

Other

Is there any other information about your child's home situation that you feel is important to share?

Dietary Requirements:

Does your child have any of the following?

Condition

Speech Yes / No

Eczema Yes / No

Hearing Yes / No

Asthma Yes / No

Sight Yes / No

Allergies Yes / No

Information

Medication

Are there any other medical needs or issues: _____

Does your child have any special educational needs? Yes [] No []

Please give details: _____

INFORMATION

- **Does your child currently have an Educational Health Care Plan?** Yes [] No []
- **Does your child receive support for special needs?** Yes [] No []
- **Is your child on the child protection register?** Yes [] No []
- **Any other professional involvement with your child:** Yes [] No []



e.g. Speech Therapist/ Portage Worker/ Social Worker/ Health Visitor / Other (Please specify):

OTHER SETTINGS

Does your child currently attend any Nursery, Playgroup or other Child Care Provision: Yes [] No []

If yes please give details _____

Please tick which session you would prefer your child to attend at Cheddar Grove Nursery:

 Willow Class First half of the week MON, TUES and WEDS am	<input type="radio"/>	or	 Cherry Class Second half of the week WEDS pm, THURS and FRI	<input type="radio"/>
Or NO PREFERENCE	<input type="radio"/>			

Is your child on the waiting list for any other Nursery? Yes [] No []

If yes, please indicate which Nursery: _____

A Note for Parents/Carers:

It is very important that children in the Nursery feel confident about being away from their homes and families. A vital way you can help is to ensure that they are toilet-trained, so they can use the toilet independently. Of course, staff will support children who need it, but our facilities for changing children are limited and we do not have the means to dispose of soiled nappies. We will be happy to discuss with you ways to help your child achieve this kind of independence.

Data Protection Act 1998:

The school is registered under the Data Protection Act for holding personal data. The school has a duty to protect this information and to keep it up to date. The school is required to share some of the data with the Local Authority and with the DCSF.

Sign: _____

Print: _____

Relationship to Child: _____

Date: _____