**Nursery Admission Form 2023/24**

**1. Full name of child (as on the birth certificate)**

...........................................................………………………………………..……………………………...

**Address**………………………………………………………………………………………………………

………………………………………………………………………**Postcode**…………………………

**Date of birth** …………………………………………………… **Male**:  **Female**:

Child’s position in family: (for example *‘youngest of three’*) ….............................................................

**2**. **Contact details for Parents/Carers** (please give details of **all** persons who have parental responsibility)

Mother’s Name………………………………………………………………………

Address(if different to child’s) …………………………………………………………………

………………………………………………………………………………………………………

….…………………….……………………………………Postcode …………..…………..…...

Home telephone number............................... Mobile Number ………………………………

Work Number: …………………………….

Email Address ………………………………………………....................................................

Father’s name ……..…………………………………………………............................................

Address (if different to childs) ……..……….……………………………………………………………

………………………………….…………………………………………….....................................

…………………………………………………………Postcode ………………………………………….

Home Telephone Number …………………………. Mobile Number …………………………………..

Work Number …………………………………... ………………………………………………..

Email Address …………………………………………………………………….……….………

Name and telephone number of anyone else you wish to be contacted in case of an emergency has permission to drop off / collect your child (Please ensure they are aged 16 years or over and aware of your password) .

…………………………………………………………………………………………………………………..…………………………………………………………………………………………………………

**3. Name of sibling(s**) attending Midsomer Norton Primary if applicable

Name………………………………………….Date of birth.........................................

Name…………………………………………..Date of birth........................................

Name…………………………………………...Date of birth.......................................

Name…………………………………………...Date of birth.......................................

**4. Does your child have any of the special circumstances listed below**?

Please tick those that apply to your child.  **YES NO**

Child in care (Looked After)

The child’s home situation means that there is little

interaction with other children

The child has a brother or sister with a high level of special

educational needs

There is concern, by a Health Professional, that the child has failed to meet developmental targets

Does your child/children have Special Educational Needs

The child’s behaviour has proved difficult to manage in the

home or pre-school situation

**5. Please give details if you have ticked ‘yes’ to any statement in Section 4**

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(Please attach a letter from your social worker, health visitor or other professional in support of your application)

**6.** Is **English** the family’s **first language?** Yes / No

If ***NO*** please state **Home Language** ……………………………………………………………………….

Is any other language spoken at home, please specify? …………………………………………………

Proficiency in **English** of child, if another language is spoken at home (please circle letter below):

**A**. New to English **B**. Basic English **C.** Developing-can express themselves in English

**D**. Competent-English is developing well **E.** Fluent

**7.Nationality:** ……………………………………………………………………………………..

**8.Country of birth**………………………………………..…………………………………..

**9. Countries in which pupil has been resident:**

Country……………………………………………… Length of Residency ……………………………

Residential Status of family/Intended length of stay in UK (where applicable)

……………………………..…………………………………………………………………………..

**10. Doctor** ……………………………………………. Surgery…………………………………………..

Telephone Number …………………………………..

**Health Visitor**………………………………………..Telephone Number ……………………………...

Medical Conditions/Allergies ………………………………..................................................................

………………………………………………………………………………………………………………

Medication being taken ………………………………………………………....................................................................................................................................................................................................................................................................................................................................................................................................................

Any other relevant medical information (eg hearing/sight/speech language/convulsions)

………………………………………………………………………………………………………………

Social Worker and Telephone Number ……………………………………………………………………

**11. Please bring in your child’s Personal Child Health Record (Red Book) at induction.**

| Has your child had a 2 year old check with your health visitor? | **Yes** | **No** |
| --- | --- | --- |
| If yes, please bring in a copy. | ☐ | ☐ |
|  |  |  |

**12. Data Collection**

Please study the list below and tick one box only to indicate the ethnic background of the pupil or child named above.

Please tick Please tick

|  |  | **WHITE** |  |  |  | **MIXED** |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | British |  |  |  | White Black Caribbean |  |
|  |  | Irish |  |  |  | White Black African |  |
|  |  | Traveller of Irish Heritage |  |  |  | White Asian |  |
|  |  | Gypsy/Roma |  |  |  | Any other mixed background |  |
|  |  | Any other white background |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | **ASIAN OR ASIAN BRITISH** |  |  |  | **BLACK OR BLACK BRITISH** |  |
|  |  | Indian |  |  |  | Caribbean |  |
|  |  | Pakistani |  |  |  | African |  |
|  |  | Bangladeshi |  |  |  | Any other Black background |  |
|  |  | Any other Asian background |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  | **CHINESE** |  |  |  | **Any other ethnic background** |  |
|  |  |  |  |  |  |  |  |
|  |  | I do not wish an ethnic background category to be recorded  |  |

**13**. **Religion (please circle)**

Buddhist Christian Hindu Jewish Muslim No Religion Other Religion Sikh Prefer not to say

**14**. **Consent for School Visits - please circle**

I give consent for my child to take part in local visits during school hours. Yes No

I give consent for my child to take part in lessons involving food-tasting. Yes No

Allergies / dietary restrictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I give consent for my child’s name/photograph to appear in school publicity Yes No

material e.g Website, prospectus, social media, newsletter, advertising for

the duration they attend school and for one year after.

I give consent for my child’s name/photograph to be uploaded to Tapestry Yes No

**15.** **Session preference**

Place a **P** for the sessions that you would **prefer**. Place an **R** for those sessions you would be happy to have as a **reserve**.

Your child may be entitled to 15 hours of funded childcare.

My **preferred** and **reserve** sessions:-

|  | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Total Hours** |
| --- | --- | --- | --- | --- | --- | --- |
| **All Day**8.30am - 3.30pm (7 hours) |  |  |  |  |  |  |
| **Morning Session**8.30am - 11.30am (3 hours) |  |  |  |  |  |  |
| **Afternoon Session**12.30 - 3.30 pm (3 hours) |  |  |  |  |  |  |
| No. of extra hours to be paid for  |  |  |  |  |  |  |
| **Total Hours** |  |  |  |  |  |  |

Date you would like your child to start …………………………………………………………………

Are you entitled to funding if so please circle 2 Year (15hrs), Universal (15hrs), 30hrs, None

How will you be paying? (please circle) Childcare vouchers, Tax free childcare, Full Fees, Fully Funded

**16. Password System**

We operate a password system for occasions when you may need someone different to collect your child. If this is the case, we ask that you inform the office and let the collector know the password.

Chosen Password:......................................................................................................

Name of Parent/Carer

(Mr/Mrs/Ms/Miss)............................................................................................................

Signature ………………………………………………………………………………………..

Date ………………………………………………