



Nursery Admission Form 2021/2022

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 child's)

.....

..... 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) .

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.....

.....



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

.....
.....
.....

(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/not yet toilet trained/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.	<input type="checkbox"/>	<input type="checkbox"/>



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

WHITE

- British
- Irish
- Traveller of Irish Heritage
- Gypsy/Roma
- Any other white background

Please tick

MIXED

- White & Black Caribbean
- White & Black African
- White & Asian
- Any other mixed background

ASIAN OR ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

BLACK OR BLACK BRITISH

- Caribbean
- African
- Any other Black 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

Yes No

I give consent for my child to take part in local visits during school hours.

I give consent for my child to take part in lessons involving food-tasting.

Allergies / dietary restrictions _____

I give consent for my child's name/photograph to appear in school publicity 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



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 @£4.15 per hour						
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

If you require this information in another format such as tape, Braille, or a community language, please contact the school office.



