

OFFICE USE ONLY

Place Agreed	Aut/Spr/Sum	Letter sent	BC seen	Proof of address	Starting Date	Am/Pm	Welcome Pack
	20						

APPLICATION FOR A PLACE AT NELL GWYNN NURSERY SCHOOL

Please complete this form in BLOCK CAPITALS.

Child's Full Name: _____
Date of Birth: ___/___/20__ Male/Female (Please delete as necessary)
Does your child have a name that you use at home? _____
Which name would you like us to use at school _____

Address _____

Post Code _____

Mother's Full Name _____
Mother's Telephone _____
Father's Full Name _____
Father's Telephone _____
e.mail _____
home address (if different) _____

Are parents together? Yes/No

If no, does the child have contact with both parents? Regular/Occasional/Never

Other children in the family, their ages and schools attended:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Child's Nationality (i.e. where was s/he born) _____

Child's ethnicity (i.e. what is your cultural heritage) _____

What language do you use at home? _____

Religion _____

Name of doctor: _____

Address: _____

Health Visitor _____

Does your child have any health problem/Special or Additional Needs/allergies or Dietary requirements? _____

Do you and your child attend any of the Children's Centre activities? Yes/No

If yes, which ones? _____

Is your child toilet trained? Yes/No

Have you put your child's name down for any other nursery? Yes/No

If yes, which ones? _____

Does your child have any friends currently attending Nell Gwynn? Yes/No

Please let us know what day of the week you would prefer: Mon/Tues/Wed/Thurs/Frid

If you are offered a place would you prefer: (Please tick)

4 Morning Part time sessions + One full day (9;15am – 11.45am)

4 Afternoon Part time sessions + One full day (1.00pm – 3.30pm)

(We will make every effort to meet your preference but this is not always possible, as it depends on what places are available)

I understand that completion of this form does not guarantee my child a place at this Nursery School. I understand that if information I have given in this form is found untrue, the offer of a place may be rescinded.

Parent's name _____ Signature _____

Date _____