

APPLICATION FOR ADMISSION TO WINDSOR NURSERY SCHOOL

Rev 2/24

HOME INFORMATION

Child's first name _____ Child's middle name(s) _____

Child's surname _____ Date of Birth _____ Male / Female

Home address (where child lives) _____

_____ Postcode _____

Name of parents/guardians living at above address _____

Name of parents/guardians living at another address _____

Does this person have access to the child? Yes / No

EMERGENCY CONTACT INFORMATION - In case of emergency/illness the school will need to contact someone urgently. It is essential you give details of 2 emergency contacts. For safeguarding purposes, we must be able to contact you or a nominated person.

Contact 1 (must be a parent/guardian) Name _____

Relationship to child _____ Daytime telephone _____

Email _____

Contact 2 Name _____ Relationship to child _____

Daytime telephone _____ Email _____

For security, please provide a **password** for your child:

Name of previous nursery (if applicable):

ETHNIC/CULTURAL DETAILS (optional) - please tick one box only

- | | | |
|--|--|--|
| <input type="checkbox"/> Any other Asian background | <input type="checkbox"/> Black - African | <input type="checkbox"/> White - British |
| <input type="checkbox"/> Any other Black background | <input type="checkbox"/> Black – Caribbean | <input type="checkbox"/> White – Irish |
| <input type="checkbox"/> Any other ethnic background | <input type="checkbox"/> Chinese | <input type="checkbox"/> White – Northern Irish |
| <input type="checkbox"/> Any other mixed background | <input type="checkbox"/> Gypsy/Roma | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> Indian | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Pakistani | <input type="checkbox"/> White and Black Caribbean |

Home language _____ Religion _____

Nationality _____ Country of birth _____

MEDICAL INFORMATION

Name of family doctor _____ Telephone _____

Name of health visitor _____ Telephone _____

Red Book Has the child had their 2-year-old developmental check? Yes / No
(Found inside development reviews section – If the child is 3years old and has not had their review, please call your Health Visitor for advice.)

Does your child have any dietary requirements or food allergies? _____

Is your child allergic to any form of medication (including plasters)? _____

Please tick as appropriate for your child:

Wears glasses Wears hearing aid Uses inhaler Has speech difficulty Other

Does your child have any other health problems/disabilities that we should be aware of such as diabetes, asthma, eczema, allergies? _____

FUNDING

Terrific for Twos Working Families (2-year-olds) 30 hours (3 -4 yr. olds)

My Childs Funding code is: _____

My National Insurance number: _____ My Date of Birth _____

3 & 4 year old 15 hours free (no code needed)

My Child receives Disability Living Allowance No Yes

Parent declaration

I, being the parent/guardian/person having actual custody of the above named child confirm that the details I have supplied above are accurate and that my child is not registered for early education funding at any other setting or local authority provision unless stated.

I understand that this nursery place does not guarantee my child a place in any specific infant or primary school when they become eligible to transfer into a mainstream school.

I understand that if I have to cancel my child's place, I need to give 4 weeks' written notice.

By signing I consent for Windsor Nursery to use personal details for funding eligibility checks including EYPP.

Signed _____ Print Name _____

Relationship to child _____ Date _____

FOR OFFICE USE ONLY

Birth certificate Number: _____ Signed: _____
(check name and DOB)

Home Visit date _____ Start Date at Nursery _____ Key Person _____