CHERISH
Childcare

APPLICATION FOR A NURSERY SCHOOL PLACE

YOUR CHILD'S DETAILS

First name (s) _____

Family name _____

Home address
(where the child is
normally resident) _____

Postcode _____

Date of birth _____

Birth Certificate attached _____

Male or Female   M ☐   F ☐

To help us provide equal opportunities for everyone, please provide your child's ethnic group code (from list below):

Ethnic Group Code _____ see below

Nationality _____

What language is used at home? _____

Does your child have any specific needs (medical/educational/social) that the school should be aware of?

Yes ☐   No ☐   If Yes, please give details _____

Are there any other professionals involved with your child/family? (e.g. Social Worker, Joint Agency Team)

Yes ☐   No ☐   If Yes, please give details _____

Does your child attend any other pre-school group?

Yes ☐   No ☐   If Yes, please give details _____

YOUR DETAILS

Title / First name _____

Family name _____

Address _____

Postcode _____

Home telephone _____

Relationship to child _____

Ethnic Group Code _____ see below

Country of origin _____

DOB _____

National Insurance Number: _____

Ethnic Group Codes

		Black-Caribbean	BC	Mixed: White and Black African	WBA	Asian-Pakistani	AP
		Black-African	BA			Asian-Bangladeshi	AB
White British	WB	Black Other	BO	Chinese	C	Asian-Other	AO
White-Irish	WI	Mixed: White and Black Caribbean	WBC	Other ethnic group	O	Mixed: White and Asian	WA
White-Other	WO			Asian-Indian	AI	Mixed: Other	MO

MEDICAL REGISTRATION FORM

Doctor's Details

Doctor's Name

Practice Name and Address

Doctor's telephone number

Post code

Medical information

Has your child any allergies?

Yes ☐ No ☐

If Yes, please give details

Is your child currently taking any medication? (Please see our policy regarding administering medication)

Yes ☐ No ☐ If Yes, please give details

Please give any other information that will assist the Nursery staff to provide care for your child

☐ I give my consent for the Nursery School to give or arrange emergency medical treatment for my child

Print name

Sign

Date

Nursery School Application

EMERGENCY CONTACTS

First Contact

Title / First name	
Family name	
Address	
Postcode	
Home telephone	
Work telephone	
Mobile telephone	
Relationship to child	
First language	

Second Contact

Title / First name	
Family name	
Address	
Postcode	
Home telephone	
Work telephone	
Mobile telephone	
Relationship to child	
First language	

Third contact

Title / First name	
Family name	
Postcode	
Home telephone	
Work telephone	
Mobile telephone	
Relationship to child	
First language	

Non-Resident Parent Details

Title / First name	
Family name	
Postcode	
Home telephone	
Work telephone	
Mobile telephone	
Relationship to child	
First language	

TRAVEL INFORMATION – we are required to collect the following information by the Council

Please tick to indicate which of the following you and your child are most likely to use to get to Nursery School

☐ car share ☐ car or van ☐ bicycle ☐ bus ☐ taxi ☐ walk

☐ other (please specify)

CONSENT   Child's name   Date of birth

Trips within the local area

During the year the children may leave the school site and go into the local park with their teachers and learning support staff. This will be for planned work and will be carefully supervised. We would be grateful if you would indicate below if you are agreeable to your child taking part in class projects in the local park and surrounding areas.

☐ If you do NOT give permission for your child to leave the school site to trips within the local area, please tick the box.

Photography

On occasions photographs may be taken by visitors to the School, School staff and also by the local press to accompany articles being published. Please sign below to say that your agreement is given for your child to take part in a photography / video shoot for Cherish Childcare Nursery School and that you consent to full use of the material be Cherish Childcare in any form and in any medium which reasonably promotes or advertises the aims of Cherish Childcare Nursery School, or for service evaluation. The photographs / video will not be used for any other means.

☐ If you do NOT give permission for photographs/video to be taken of yourself or your child(ren) during activities, please tick the box.

Data Protection
- The information given in this form will be stored electronically and physically (whilst your child is on our waiting list or attending/registered in school) and used to enable the Nursery School to carry out it's lawful business and to communicate with you.
- At times the information may be shared with the Council/OFSTED for monitoring and evaluation purposes.
- We are legally obliged to share information with the council if there are any safe guarding concerns about you or your child(ren).

☐
- All data will be kept in accordance with the GDPR and you have the right to access any information we hold on you or your child(ren) or to withdraw consent by speaking to reception.

Print name   **Sign**   **Date**