

## Nursery Application Form

### Family

Parent/ Carer Name:  Surname:

Home Address:

Area:  County:

Postcode:

Home tel:  Work no:

Mobile no:

Child First Name:  Surname:

Child D.O.B:  Male / Female:

Emergency Contact Name (1) :

Contact Number:

Relationship to child:

Emergency Contact Name (2) :

Contact Number:

Relationship to child:

Name of persons **NEVER** Allowed to pick up the child:

Childs Doctor:

Surgery Address:

SurgeryNumber:

Immunisations, Vaccinations:

Additional information ie. Diets/allergies:

**IN CASE OF EMERGENCY I GIVE THE NURSERY PERMISSION TO CONTACT HEALTH OR SOCIAL SERVICES.**

Signed: (parent/carer)

Date:

The nursery has a policy of recording the ethnic background of those who use the group, in order to monitor service delivery and ensure that the group serves all sections of the community. If you do not want to complete this section of the form you will not render your invalid.

**How would you describe your ethnic group?**

**White**

British

Irish

White European

Any other white background (specify)

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**Dual Heritage**

White & Black Caribbean

White & Black African

White & Asian

Any Other (specify)

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**Asian/Asian British**

Indian

Bangladeshi

Pakistani

Any other Asian background (specify)

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**Black**

Black British

Caribbean

African

Any other black background (specify)

Not stated

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**Chinese or Other**

Chinese

Any Other ethnic group: (specify)

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**First language:**

**Faith:**

**For Office Use Only**

Entry Year:

Contacted on:

Letter Sent on:

Nursery Visit:

Time:

Letter to confirm:

Forms - tick if completed

Accident consent:

Educational trips:

Photographic consent:

Sunscreen consent:

Birth Certificate:

Hello / Goodbye:

Other:

Sessions requested:    am / pm Additional Information:

Monday	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	

Start Date:

Time:

Home Visit:

Confirmation letter: