Beeston Hill St Luke's C of E Nursery Application and Declaration Form

Child's First Name:…… Middle Name:…… D.O.B: ……/……/……

Childs Surname:…… Preferred First Name (if different) …… Gender: M / F

Child's Address: ……

Postcode:…… Travel Arrangements: Walk Public transport Cycle or scooter Taxi Car

Siblings: ……

Please indicate if your child is: A Traveller child Service child Looked after in care Adopted from care

Parent/Carer Contact Details – Priority 1

Title: …… First name: …… Surname: …… D. O.B: ……/……/……

Country of Origin: …… Relationship to child: ……

Home address: ……

Postcode: …… Mobile: …… Work Number: ……

Place of work: …… Legal Parental Responsibility: Y / N

Email: ……

Parent/Carer Contact Details – Priority 2

Title: …… First name: …… Surname: …… D. O.B: ……/……/……

Country of Origin: …… Relationship to child: ……

Home address: ……

Postcode: …… Mobile: …… Work Number: ……

Place of work: …… Legal Parental Responsibility: Y / N

Email: ……

Other Contact – Priority 3

Title: …… First name: …… Surname: ……

Relationship to the child: …… Contact Number: ……

Home address: …… Postcode: ……

Other Contact – Priority 4

Title: …… First name: …… Surname: ……

Relationship to the child: …… Contact Number: ……

Home address: …… Postcode: ……

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Child's Ethnicity

Ethnic Origin (see below): …… Languages spoken at home: ……

Religion: ……

White 1. British 2. Irish 3. Traveller of Irish Heritage 4. Gypsy/Roma 5. Western European 6. Easter European 7. Any other White background (please specify above)	**Asian or Asian British** 12. Indian 13. Pakistani 14. Kashmiri 15. Kurdish 16. Bangladeshi 17. Turkish	21. Chinese 22. Japanese 23. Vietnamese
Mixed 8. White and Black Caribbean 9. White and Black African 10. White and Asian 11. Any other Mixed background (please specify above)	**Black or Black British** 18. Caribbean 19. African 20. Any other Black background (please Specify above)	Any other Ethnic background (please specify above)

Medical Information

Doctors Surgery: …… Doctors Phone Number: ……

Any allergies/intolerances: ……

Any Dietary Requirements : ……

Any Special Needs or Agencies Involved: ……

Name of Previous Nursery: ……

We provide 15 hours free, please indicate if you would like a morning or an afternoon session. Please note, your choice is subject to availability.

Please note: Attendance in nursery does not automatically guarantee a school place

AM: 8.45am – 11.45am PM: 12.30pm – 3.30pm Either

Is your child is receiving the Disability Living Allowance? Ticking yes will enable your chosen provider to receive the DAF. **Yes No**

Please prove up to two National Insurance Numbers:

Parent/Carer 1: __ __ __ __ __ __ __ __ __ Parent/Carer 2: __ __ __ __ __ __ __ __ __

You need to agree and sign this Declaration Form to ensure that funding is paid.

Signed: …… Date: ……