**APPLICATION FOR 2017 - 2018 ENTRY AT**

**BEECHOLME PRIMARY SCHOOL NURSERY**

1. **Child and parent/carer details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s surname:** |  | **Child’s first name:** |  |
| **Date of birth:** |  | **Male / female** |  |
| **Main language(s) spoken at home:** |  |

**Name of person with parental responsibility (parent/carer):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **First name:** |  |
| **Mr** |  | **Mrs** |  | **Miss** |  | **Ms** |  |

|  |
| --- |
| **Home address of child and parent/carer:** |
| **Postcode:** |  |
| **Home telephone:** |  |
| **Mobile telephone:** |  |
| **Work telephone:** |  |
| **e-mail address:** |  |

|  |  |
| --- | --- |
| **Date moved to this address:** |  |
| **Are you on the electoral roll at the above address:** | **Yes / No** |

|  |  |
| --- | --- |
| **Is your child attending any other childcare arrangements, e.g. childminder / nursery:** | **Yes / No** |
| **If Yes please give details:** |  |
| **How did you hear about us?** |

1. **Looked after children/children in public care**

**Is the child named in section 1 in public care or looked after (i.e. in the care of a local authority, resident with a foster carer or in a children’s home / adopted subject to a residence order or special guardianship order, immediately following having been looked after):**

 ****

|  |  |  |
| --- | --- | --- |
| **No** |  | **Please proceed to question 3** |
| **Yes** |  | **Please provide the details below** |
| **Name of assigned Social Worker:** |  |
| **Contact number:** |  |
| **Local Authority with whom the child is in care:** |  |
| **Date of which the child took up residence at the address quoted in part 1:** |  |

**If your child meets the criteria to be classified as a looked after child or a child in public care, you must enclose either a letter from the relevant authority confirming the legal status of the child, a copy of the care order, or a copy of the special guardianship order. Please note that children adopted from overseas are not classified as children in public care.**

1. **Special case priority**

**If there are any special reasons which make your child’s admission to Beecholme Primary School Nursery particularly desirable, please outline them below. You should include any medical, social or educational factors or any other relevant information:**

|  |
| --- |
| Please attach separate sheets if necessary |

|  |
| --- |
| **I attach a letter of support from the person named below, who may be contacted about my application:** |
| **Name:** |  |
| **Telephone number:** |  |
| **Professional Status:** |  |
| **Address:** |  |

1. **Sibling details**

**If you have an older sibling who will be attending Beecholme Primary School at the same time as the child on this application, please give details:**

|  |  |
| --- | --- |
| **Sibling’s full name:** |  |
| **Date of birth:** |  |
| **Boy / girl:** |  |
| **Current nursery (if any):** |  |

1. **Morning or afternoon attendance**

**(Mornings are usually oversubscribed; you may like to add information in the ‘Special Case Priority’ section above if you would like your circumstances considered).**

**Which session would you prefer if it can be offered to you:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Morning** |  | **Afternoon** |  |

1. **Additional services (chargeable)**

**\*\* please note that this section is for guidance only – additional services will be subject to availability\*\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Would you be interested in purchasing extra childcare sessions once your child starts with us?** | **Yes** |  | **No** |  |
| **If yes, please indicate how many lunch club sessions per week (11.45 a.m. – 12.30 p.m.):** |  |
| **Number of additional morning /afternoon sessions:** |  |
| **Comments:** |

1. **Declaration**

**I accept the terms below:**

1. **there is no guarantee that a place can be made available at this nursery**
2. **the length of time that my child’s name has been on the waiting list will not be taken into account when places are allocated.**

|  |  |
| --- | --- |
| **Full name of parent/carer (please print):** |  |
| **Signature:** |  |
| **Relationship to child:** |  |
| **Date:** |  |