



# Application for Elloughton Primary School Nursery

**Full Name of Child** *(as birth certificate)*

**Date of Birth**

**Male / Female** *(delete as appropriate)*

**Ethnic Origin:** .....

**Language** *(if English is not the first language):* .....

**Home address of Child** *(including postcode)*

**Email address of parent / carer**

**Telephone Numbers** *(these numbers will be used to contact you when a place becomes available)*

**Which sessions would you like to apply for?**

- Option 1: 5 mornings 8:45am - 11:45am
- Option 2: 5 afternoons 12:15pm - 3:15pm
- Option 3: All day Monday and Tuesday and Wednesday am
- Option 4: Wednesday pm, all day Thursday and Friday
- Option 5: 30 hour provision, available every morning and every afternoon  
(please state which days are required below)

*We make a charge for lunchtime provision, therefore option 3, 4 will incur a charge for lunchtime provision on the 2 full days, option 5 will incur a charge for lunchtime if a full day is requested.*

**If available, which additional sessions would you like to purchase**  
*(please see flexible provision sheet for charges).*

**Please circle your requirements.**

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Lunch Yes/No		Lunch Yes/No		Lunch Yes/No		Lunch Yes/No		Lunch Yes/No	

**Please state your entitlement code for 30 hours provision (if applicable)**

Entitlement code:
National Insurance Number:

**Full names of adults with parental responsibility** (mother/father/carer)

Name	Address (if different from child)
Email	Telephone no:

Name	Address (if different from child)
Email	Telephone no:

**Emergency Contact (in order of priority):**

Name	Address
Relationship	Telephone no.
Name	Address
Relationship	Telephone no.
Name	Address
Relationship	Telephone no.

**Medical information / special needs** (this will not affect your application)

**Doctor's Name, Surgery Address and phone number:**

**Medical Treatment in Nursery**

During the course of the day in nursery we occasionally have instances where we may need to provide your child with First Aid and emergency medical treatment. Should we feel it is necessary to contact you we will do so using the emergency contact details that you have provided.

**I agree my child may receive emergency medical first aid. Yes / No**

**Are any other professionals or agencies involved with the family?**

(please provide details of agency/professional and reasons why)

**Image Consent**

Do you give permission for your child's photograph or video image to be used by the nursery in displays, promotional or media work? **Yes / No**

**Local Visits**

Educational visits have an important part to play in education and are valuable in enhancing the teaching of the curriculum. These visits can be in the local area or further afield. If a visit takes us out of the local area or requires transport we will inform parents.

**I agree my child may go on local visits during nursery care. Yes / No**

**Previous Nursery/Pre School attending:**

Name	Address
Phone no:	
Dates attended from ..... to .....	
If your child intends to continue attending this nursery as well as Elloughton Primary School nursery please state number of hours in each setting.	
Elloughton Primary Nursery Hours attending:	Other setting Hours attending:
<i>(continue overleaf if more than one previous nursery)</i>	

**Data Protection**

In order to comply with the 1998 Data Protection legislation, you are informed that the data supplied by you, or your child, in relation to your involvement with this nursery, both now and in the future, will be processed in confidence. The information you provide will be used for the purposes of maintaining accurate records with regard to registration and contact details. Also statistical information required by other education bodies such as a new school, Local Authority, OFSTED, and the DfE.

**Declaration**

Details given on this form may be verified. The offer of a place may be withdrawn if the application is found to contain fraudulent or intentionally misleading information.

Signed ..... Date of application .....

**PLEASE ATTACH A COPY OF YOUR CHILDS BIRTH CERTIFICATE TO THIS FORM BEFORE SUBMITTING.**

If you have any questions, please telephone or email Elloughton Primary School on tel: 01482 666231 or email: [admin@epsch.co.uk](mailto:admin@epsch.co.uk)

*\* If you think you may be eligible for benefits you may get financial assistance towards the costs of additional sessions and free school meals. For further information please contact the Benefits office 01482 396369*

*For office use only*

<i>Date application received</i>	
<i>Flexible provision required</i>	Y/N
<i>Birth Certificate checked</i>	Y/N
<i>Place allocated</i>	Y/N
<i>Letter to parent advising</i>	<i>Date issued</i>