Nursey Application Form

If you wish to apply for a place at Oasis Academy Connaught Nursey, please complete this form with all the required information. All information provided on this form will be treated in confidence. Once the form has been completed, please return to the Nursery of the Academy Office.

**Personal Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Childs Surname:*** | ***Childs Forename:*** | ***Gender:*** | ***Date of Birth:*** | ***Birth Certificate Checked:*** |
|  |  | MALEFEMALE |  |  |
| ***Childs Home Address:*** |  |

***Mother’s Name:***

……………………………..……………………………..……………………………..……………………………..………………

***Mother’s Home Address:***

……………………………..……………………………..……………………………..……………………………..……………………………..……………………………..……………………………..………… ***Postcode:*** ……………………………………

***Home Tel:*** …………………………… ***Mobile Tel:*** …………………………… ***Home Tel:*** ……………………………

***Father’s Name:***

……………………………..……………………………..……………………………..……………………………..………………

***Father’s Home Address:***

……………………………..……………………………..……………………………..……………………………..……………………………..……………………………..……………………………..………… ***Postcode:*** ……………………………………

***Home Tel:*** …………………………… ***Mobile Tel:*** …………………………… ***Home Tel:*** ……………………………

|  |
| --- |
| ***If parents do not live together who has parental responsibility? (Please Circle)*** |
| Mum | Dad | Other |

Does your child currently attend nursery/playgroup and/or any other childcare provision, if so please give full details below:

***Name & Address:***

……………………………..……………………………..……………………………..……………………………..………………

***Number of Sessions:***

……………………………..……………………………..……………………………..……………………………..………………

**Other Children in the Family:**

***Number of Children in the Family:*** ………..

***Childs Position in the Family (Please Circle):*** *1st 2nd 3rd 4th 5th 6th 7th 8th*

Please enter below the full names and dates of birth of other children who will be at Oasis Academy Connaught in the September your child starts nursery:

|  |  |
| --- | --- |
| ***Childs Name:*** | ***Date of Birth:*** |
|  |  |
|  |  |
|  |  |
|  |  |

**Language:**

**Which language/s do you speak in your home? ………………………**

**Do you speak English?** *YES/NO/A LITTLE BIT*

**Does your child speak English?** *YES/NO*

**Which language did your child first hear? ……………………….**

**Medical and Social Information:**

|  |  |  |
| --- | --- | --- |
| ***Doctor’s Name:*** | ***Telephone:*** | ***Health Visitor Name:*** |
|  |  |  |
| ***Address & Postcode:*** |  |

***Any other health or medical information we need to know about:***

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

***Does your child have difficulties with****:*

|  |  |
| --- | --- |
| Speech | YES/NO |
| Hearing | YES/NO |
| Sight | YES/NO |
| Eczema | YES/NO |
| Asthma | YES/NO |
| Allergies | YES/NO |

***If yes, please give details below:***

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

***Does your child receive support for special needs (Please Circle)?*** *YES/NO*

***If yes, please give details below:***

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

***Does your child have a social worker?*** *YES/NO* ***Name of Social Worker:*** *……………………………………..*

**Needs of the Parent/Carer:**

***Are you a single parent, living alone with your child/children?*** *YES/NO*

***Do you have other members of your family living nearby who can help you?*** *YES/NO*

***Do you work?*** *YES/NO*

***Are you in receipt of any benefits?*** *YES/NO*

If you’ve answered yes to receiving benefits your child may qualify for Early Years Pupil Premium Funding. This will improve your child’s early years’ experience through additional resources and facilities. Please fill out the section below:

***Parent/Carer date of birth: ………………………………………***

***Parent/Carer National Insurance Number/NASS Number: ………………………………………***

**Home Circumstances:**

***Is your home overcrowded or are your living conditions unsuitable?*** *YES/NO*

***If yes, please give details below:***

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

***Does your child have a safe outdoor play area at home?*** *YES/NO*

***Is a member of your household ill or disabled?*** *YES/NO*

***Are there any family problems which should be taken into consideration?*** *YES/NO*

***If yes, please give details below:***

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Placements:**

***Would you prefer: OPTION A/OPTION B/30 Hours. (Please Circle).***

***We cannot promise the option you ask for but will try our best.***

|  |  |
| --- | --- |
| **OPTION A**Monday 8.30am - 3.00pmTuesday 8.30am - 3.00pmWednesday 8.30am - 11.30am | **OPTION B**Wednesday 12.00pm - 3.00pmThursday 8.30am - 3.00pmFriday 8.30am - 3.00pm |
| **30 Hours**Eligibility applies. Please ask at the Academy Office if there are spaces available and if you are eligible. The days and hours for this are: 8.30am – 3.00pm Monday to Friday. |

***Is your child on the waiting list for any other nursery?*** *YES/NO*

***If yes, please indicate which nursery?*** *……………………………………………….*

**Ethnic Background Record:**

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture, ancestry or family history. **Ethnic background is not the same as nationality or country of birth.** The Information Commissioner (formerly the Data Protection Registrar) recommends that young people aged over 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility aged 16 or over can make this decision for themselves.

Please tick **one box only** in **part one** to indicate the ethnic background of your child or the child named above. Please also complete **part two**. Please also tick whether the form was filled in by a parent or the child.

**Part One:**

|  |
| --- |
| **White** |
| * White – English
 |  | * White – Irish
 |  |
| * White – Welsh
 |  | * White – Scottish
 |  |
| * White – European
 |  | * White – Other
 |  |
| **Mixed** |  |  |  |
| * White and Black Caribbean
 |  | * White and Indian
 |  |
| * White and Black African
 |  | * White and Chinese
 |  |
| * White and Pakistani
 |  | * Black and Other
 |  |
| * Asian and Other
 |  | * Chinese and Other
 |  |
| * Other Pakistani
 |  |  |  |
| **Asian and Asian British** |  |  |  |
| * Indian
 |  | * Bangladeshi
 |  |
| * Mirpuri Pakistani
 |  | * Other Asian
 |  |
| * Kashmiri Pakistani
 |  | * Other Pakistani
 |  |
| **Black or Black British** |  |  |  |
| * Black Caribbean
 |  | * Black Somali
 |  |
| * Black African
 |  | * Other Black
 |  |
| **Chinese** |  |  |  |

***I do not wish an ethnic background category to be recorded***

***Country of birth:*** ……………………………………..

***Nationality:*** ……………………………………..

I understand that completing this form does not guarantee my child a place in the nursery.

**Signed Parent/Carer**: ...............................................................

**Date:** .....................................

*You must show the school your child’s birth certificate when you return this form.*