

2s



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Moorlands Centre Nursery School
Application for Admission – 2 years
Interim Headteacher, Will Brooks, 01908 113008
www.moorlandsnurseryschool.co.uk

Full name of child.....

Child's date of birth.....

Male/Female

Name of parent/guardian (with legal responsibility)	Name of parent/guardian
Date of birth	Date of birth
National Insurance Number	National Insurance Number
Relationship with child	Relationship with child

Full postal address.....

Postcode.....

Telephone.....

I have a 2 year old funding eligibility letter:

Is your child currently being funded at any other setting?

Your child is eligible to start the term after their second birthday (.....20.....). However, if we are full your child will start as soon as a place becomes available. Nursery places are allocated in date of birth order.

If there are any concerns, your application will be considered by the Nursery Admissions Panel.

Are there any special circumstances that you would consider to be relevant to your child's admission?

Signed.....parent/guardian Date.....

How did you hear about our nursery?.....

Important, please notify the Nursery School immediately if you change your address or circumstances whilst your child is on the waiting list.

Please note this data is for the purpose of contacting you for registering your child and will be kept securely until your child is admitted to nursery or until you say you no longer need the place.



Admissions Form

Child's Personal Information:

Key worker:

AM/PM

Child's Name:

D.O.B:

We collect and use information about you so that we can provide you with services under the Children and Families Act 2014 Legislation. This information is used to register your child on the schools' database and to record contact and other relevant information e.g. dietary needs.

Start date:

Please give details of all persons who you wish to be contacted in an emergency.

1st Contact -	Relationship
Address	
Telephone:	Mobile:
Email:	

2nd Contact-	Relationship
Address	
Telephone:	Mobile:
Email:	

Other Contact:	Relationship
Address	
Telephone:	Mobile:

Doctor/Health Visitor:

Surgery:

Phone Number:

Medical Information:

Has your child ever had any serious medical conditions or do you have any concerns about your child's development?

Dietary needs:

Two Year Check

Any significant information arising from the two year check?

EYPP: Y/N Any of the eligible benefits criteria? Please bring copy for file.

DAF: Y/N Does your child have disability living allowance? Please bring copy for file.

SEND

Are there any SEND needs identified either with your child or members of the family?

Outside Agencies

Are there any outside agencies involved with your child or members of the family e.g. SLT, CSC, paediatrician?

First Language:

Religion:

Ethnicity:

Asylum seeker/Refugee:

Do you give permission for your child to be taken out of Nursery for visits in the local community?	Yes/No
Do you give permission for photographs and images of your child to be used for assessment, record keeping, displays, training purposes, school's website, Facebook and other publicity material?	Yes/No
Does your child currently or have they recently attended any other early years setting?	No Yes – Name:
Are you happy for assessments and records to be sent to their new school?	Yes/No

Thank you for your time

Parent/Carers signature:..... Nursery:.....

Date:.....

Please Note: This form will be shredded when your child leaves nursery.