

St. Christopher Nursery Provision Application Form

The School is a Data Controller for the purpose of the General Data Protection Regulation 2016 and Data Protection Act 2018. The School will only use the information you provide to meet our legal obligations and to educate and safeguard those in our care. Where appropriate, we may ask for your consent to process certain information. Please ensure the information you provide to the School is up to date.

We will only process this information in accordance with Data Protection Legislation.

More information regarding how we handle personal data and your rights under the Data Protection Legislation can be found in our Privacy Notice and Data Protection Policy on the school's website.

1. Personal Details

Child's name.....	D.O.B.....(Male/Female)
Address.....	Home tel. no.....
.....,	Contact E-mail address.....
Any Siblings currently in school.....	

2. Contact Details

Mother's name:	Daytime tel.no:.....
Place of work:	Mobile number:.....
Father's name:.....	Daytime tel.no:.....
Place of work:.....	Mobile number:.....
<u>Emergency contact name other than parents</u>	
.....	Daytime tel.no:.....
Relationship to the child:	Mobile number:.....
Who has parental responsibility for the child?	
* For information on parental responsibility please visit: https://www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility)	
Please provide any information here regarding who has legal contact with the child	
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Other Information: i.e any court order, contact order, adoption, or looked after child, anybody else with parental responsibility (legal guardians)	
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Name & Address of Daytime Carer (if different from above)	
.....	
..... Post Code:	
Relationship to the child:	Mobile number:.....

3. Special Educational Needs and Dietary Requirements

Please give details of any special educational needs or dietary requirements (e.g. epilepsy, diabetes, allergies, asthma) that your child has and medication, if any that has been prescribed.

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Please provide a contact name, address and tel. no of any professional supporting your child's needs

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4. Health Information

G.P. Name:	Health Visitor Name:	Has your child been immunised against:
Address:	Address:	Polio Yes/No
.....	.....	Tetanus Yes/No
.....	.....	Diphtheria Yes/No
.....	.....	Whooping Cough Yes/No
.....	.....	M.M.R Yes/No
.....	.....	Meningitis C Yes/No

Please add any additional information relevant to the care of your child below:

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5. Languages/Ethnic Origin/Religion

First Language used at home	Ethnic Origin.....
Second Language.....	Religion.....

6. Sessions Required

In order to provide the best possible service to our parents/carers we offer the following sessions:

Morning Session - 8.45am - 11.45pm, Afternoon Session - 12.30pm - 3.30pm & all day 8.45am -3.30pm

How many sessions do you require?

Please tick which days and sessions you would prefer:

Please note that preferred days and starting dates are subject to availability

(Please note all day sessions incur a charge for lunchtime supervision as this is outside of funded hours if applicable).

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

We are also able to offer paid 'top up' sessions from 9am to 3.30pm 5 days a week.

When would you like your child to start?

Is your child eligible for 15 hours 3 year old funding Yes/No

7. Consent Form

I consent to St Christopher Primary School seeking any necessary emergency medical advice or treatment in the event that I could not be contacted.

Signed

Please list any medical procedures that are not allowed due to religious reasons

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Signature of Parent/ Guardian Date:.....

It is not compulsory to complete the following questions, but it would provide us with some background information on your child that may be invaluable when helping them to settle at Nursery.

Questions	Answers
Is this the first time your child will be separated from their main carer?	
Does your child have any brothers/sisters? Please state their names and ages	
Does your child have a comforter or favourite toy? What is it?	
Has your child had experience of playing with other children of a similar age to themselves? Please give details of settings attended...	
Is your child potty trained? Are they able to ask to go to the toilet or do they need to be reminded?	
What are your child's favourite activities, toys, characters?	
What are your child's favourite stories and rhymes?	
Does your child prefer indoor or outdoor play?	
Does your child have particular likes or dislikes?	
What is your child's favourite food?	
What are your child's interests?	
Does your child have specific care routines eg. nappy changing, using the toilet, washing hands etc.	
Does your child live with extended family eg. grandparents, aunts, uncles, cousins etc.? Who is their main carer?	
Is there any other information about your child that you feel may be useful for us to know?	

Signed.....

Date.....