

 **Nursery Manager:** Donna Southgate

 **Telephone:** 07811 973027

 Northumbrian Road, Cramlington, Northumberland, NE23 6DB

 (within Ss Peter and Paul’s Catholic Academy)

**Application and Admission Form**

Please complete as fully as possible and return to nursery

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s full name: | Click or tap here to enter text. | Gender | Click or tap here to enter text. |
| Name known as: | Click or tap here to enter text. | Date of Birth: | Click or tap here to enter text. |
| Religion: | Click or tap here to enter text. | Church of Baptism: | Click or tap here to enter text. |
| Position of child in family (Eg 2nd of 3) | Click or tap here to enter text. | Ethnicity of child: | Click or tap here to enter text. |
| Please list any known allergies or medical conditions your child may have | Click or tap here to enter text. |
| Please list any food or drink that your child may not have | Click or tap here to enter text. |
| Is your child currently on any other waiting list with another nursery? | Click or tap here to enter text. |
| Parental information |
| Relationship to child | 1 - Click or tap here to enter text. | 2 - Click or tap here to enter text. |
| Name | Click or tap here to enter text. | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | Click or tap here to enter text. |
| Postcode | Click or tap here to enter text. | Click or tap here to enter text. |
| Home telephone | Click or tap here to enter text. | Click or tap here to enter text. |
| Work telephone | Click or tap here to enter text. | Click or tap here to enter text. |
| Mobile number | Click or tap here to enter text. | Click or tap here to enter text. |
| Does this parent have parental responsibility | Click or tap here to enter text. | Click or tap here to enter text. |
| Does the child live with this parent? | Click or tap here to enter text. | Click or tap here to enter text. |
| If the child does not live with the parent, do they have legal access to the child? | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |
| --- | --- |
| Who will normally collect your child from pre-school? | Click or tap here to enter text. |
| Please list in order of priority who to contact in the event of accident/sickness whilst your child is at pre-school and provide alternative contact info below | 1 – Click or tap here to enter text.2 – Click or tap here to enter text.3 – Click or tap here to enter text.4 – Click or tap here to enter text. |
| Emergency contacts in the event of accident / sickness |
|  | Alternative contact 1 | Alternative contact 2  |
| Full name  | Click or tap here to enter text. | Click or tap here to enter text. |
| Relationship to child | Click or tap here to enter text. | Click or tap here to enter text. |
| Address | Click or tap here to enter text. | Click or tap here to enter text. |
| Home telephone | Click or tap here to enter text. | Click or tap here to enter text. |
| Work telephone | Click or tap here to enter text. | Click or tap here to enter text. |
| Mobile number | Click or tap here to enter text. | Click or tap here to enter text. |
|  |
|  | Doctor | Dentist |
| Name of practice | Click or tap here to enter text. | Click or tap here to enter text. |
| AddressPostcode | Click or tap here to enter text. | Click or tap here to enter text. |
| Telephone | Click or tap here to enter text. | Click or tap here to enter text. |
| Child’s health visitor’s name/telephone | Click or tap here to enter text. |
| Name and workplace of any other person your child is currently working with | Click or tap here to enter text. |
| Any additional information about your child you want us to know | Click or tap here to enter text. |
|  |
| Medical consent | *By signing this form, I hereby consent to my child being given medical attention in the event of a medical emergency* |
| Signed: | Click or tap here to enter text. | Date: | Click or tap here to enter text. |
| Relationship to child: | Click or tap here to enter text. |