

**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. | |
| Address  Postcode | 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. | | | | | |