



Application Form

If you need help with this form please contact a member of the nursery staff

اُتصل ب إن أنت تحتاج مساعدة مع هذا شكل رجاء عضوة من الدار حضانة ملاكة

Hadaad u baa han ta hay in lagaa caawiyo foomkan fadlan la xidhiidh qofka mid ah shaqaalaha nursergan (xanaanadan)

1 – Child Details: ✍ Please complete all sections using **BLOCK CAPITALS**

First Name(s):	Surname:		
Date of Birth: __ / __ / 20__	Boy: <input type="checkbox"/>	Girl: <input type="checkbox"/>	
Address: _____ _____			
Home tel. number:		Postcode:	

2 – Parent/Carer Details:

MOTHER	Title: Mrs/Ms/Miss/Dr/Prof /Other <i>please delete or state as appropriate</i>	FATHER	Title: Mr/Dr/Prof /Other <i>please delete or state as appropriate</i>
First Name Surname		First Name Surname	
Address <i>If different from child</i>		Address <i>If different from child</i>	
Home Tel:		Home Tel:	
Mobile:		Mobile:	
Email:		Email:	
Work Tel:		Work Tel:	
Work name & address		Work name & address	

3 – Family & Health Information:

Who has legal parental responsibility for your child? _____			
Other children in the family home	Name: _____	Age: ____	Name: _____
	Name: _____	Age: ____	Name: _____
	Name: _____	Age: ____	Name: _____
	Name: _____	Age: ____	Name: _____
Name of child's doctor:		Tel. No.	
Please give details of any services offering support to your family <input checked="" type="checkbox"/>			
Social Worker <input type="checkbox"/> SureStart <input type="checkbox"/> Health Visitor <input type="checkbox"/> Family Support <input type="checkbox"/>			
Other <input type="checkbox"/> (please state) _____			
Is there any other information you think we should know, e.g. serious illness, allergies, development issues, medication, dietary requirements etc?			

4 - Sessions Requested:

- ◆ Please indicate the sessions you would like by placing crosses in the relevant boxes in the grid below.
- ◆ All children from the term after their 3rd birthday are eligible for 15 hours free per week (term time ONLY). When allocating sessions we are required to give priority to each child's 15 hours free Nursery Entitlement.
- ◆ Fees and charges may apply, see fees and charges leaflet.

Do you require a term time only place/contract **OR** a 51 week all year place/contract

SESSION	Monday	Tuesday	Wednesday	Thursday	Friday
EARLY Under 3's (8-8.30) & (8.30—9am) Over 3's (8—8.45am)					
CORE AM Under 3's (9-11:30am), Over 3's (8.45-11:45am)					
LUNCH Under 3's (11:30am -1pm) Over 3's (11:45—12:45pm)					
CORE PM Under 3's (1 -3:30pm) Over 3's (12:45—3:45pm)					
LATE - State time required (In 30 min slots up to 6pm)					
When do you require this place to commence?				___ / ___ / 20 ___	

5 – Child's Ethnic Origin, Language & Religion:

Please tick the appropriate box (this information is required by the DfES)

White	Mixed / Dual Background	Black or Black British
WHB - British <input type="checkbox"/> WHR - Irish <input type="checkbox"/> WHT - Traveller or Irish Heritage <input type="checkbox"/> WRO - Gypsy / Roma <input type="checkbox"/> WHA—any other white background <input type="checkbox"/>	WMB - White & Black Caribbean <input type="checkbox"/> MBA - White & Black African <input type="checkbox"/> MWP - White & Pakistan <input type="checkbox"/> MWS - White & any other Asian background <input type="checkbox"/> MOT - any other mixed background <input type="checkbox"/>	BLB - Caribbean <input type="checkbox"/> BSO - Somali <input type="checkbox"/> BAO - Other Black African <input type="checkbox"/> BLG - any other Black background <input type="checkbox"/>
Chinese	Asian or Asian British	Any other Background
CHE - Chinese <input type="checkbox"/>	AIN - Indian <input type="checkbox"/> APK - Pakistani <input type="checkbox"/> AAO - Any other Asian background <input type="checkbox"/>	OYE - Yemeni <input type="checkbox"/> OOE - any other ethnic group <input type="checkbox"/>
Home language: _____		Religion: _____

6 - General:

Does your child attend any other nursery / childcare provision? Please give details _____ _____	
How did you hear about our centre? e.g. friend / family member, social worker, internet _____	
To which school may your child transfer when they leave nursery? _____	
Signature of Parent / Carer: _____	Date: ___ / ___ / 20 ___

Please return this completed form to the Centre at the address shown overleaf, and note further information and some updating of this form's information may be required on admission of your child to the centre.

Data Protection: The information on this form will be used to plan and provide education places for children in Sheffield. The information will be held by the Centre and passed to other schools for the same purpose. If you need to make any enquiries please ask at the Centre. The City Council has a Data Protection Officer who can be contacted in the Chief Executive's Directorate.