

St John's Pre-school Nursery

Admissions Form

Please use **BLOCK CAPITALS** and return form to:

St John's Pre-school Nursery, Beresford Avenue, Hull HU6 7LS / sjpn@live.co.uk

Please note that this is an application only and does not guarantee a nursery place. Please also note that getting a nursery place does not guarantee a place in the main school when your child reaches school age. A separate application needs to be made directly to the council.

DETAILS ABOUT YOUR CHILD

Surname: _____ First name: _____ Other name: _____

Date of birth: _____ Male/Female: _____

Home Address: _____

_____ Postcode: _____ Home telephone number _____

Nationality: _____ Religion: _____ Languages spoken in the home: _____

DETAILS OF MAIN CARERS (e.g. parents/carers child normally lives with)

	Carer 1	Carer 2
Title & Full name		
Home address & postcode - if different from above		
National Insurance number		
Date of birth		
Home tel. number		
Mobile number		
Email (please print clearly)		
Relationship to child		

If there is a person with parental responsibility whose details have not been entered above, please fill in this section (e.g., separated parent)

Title and Full name:

Home address:

.....Postcode:

Home telephone number: Mobile number:

Relationship to child:

Please turn over

Please also provide us with the following details of your child:

Does your child have any development difficulties that we can help with?	
Does your child have any medical conditions/allergies that will require special consideration when at school?	
If new to the area, when did you move in?	If new to area, where did you move from?
Names, dates of birth and schools attended of other brothers/sisters:	
Name of Primary School you will be applying to for your child to attend:	
Is your child currently attending a Pre-school/Nursery elsewhere? If so, please state which one: Will they be attending at the same time as St John's Pre-school Nursery: Yes No	

Please indicate how many of each session you are looking to book for your child from this coming September (Places are fully booked until then): *(5 sessions = 15hrs funded (available to all))*

Morning Sessions,

8:50-11:50

If not every day, please indicate which days you would prefer _____

(Please note that if beginning with less than 5 these may not be able to be increased due to over subscription)

When would you like your child to start *(please tick as appropriate)*:

- as soon as my child turns three (please ask for current fees)
- the term after my child turns three (free place up to 15hrs)
- the year before my child starts main school (free place up to 15hrs)

Please state your reason for choosing St John's Pre-school Nursery for your child.

Please also state any other circumstances about your child or family that you require taking into consideration with regard to this application.

By signing you agree that this data will only be used and kept for your application to St John's Pre-school Nursery and any future funding requests with the council or other educational bodies if your application is successful. You have the right to request the removal of all information held at any time.

Signed:

(Person with parental responsibility)

Date:

(Date Received.....)