



Nursery Waiting List Form

Child's Personal Details

First Name		Date of Birth	DD / MM / YYYY
Middle Name		Country of Birth	
Surname		Nationality	
Known As (preferred name)		Home Language	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>	English as Additional Language (EAL)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Address			
Postcode		Please provide other child's name and class below:	
Do you have other children in our school?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Medical Information & Additional Needs

Doctor's Surgery		Doctor's Name	
Dietary Requirements (e.g halal, vegetarian, vegan)			
Food Allergies (e.g nuts, gluten, dairy)			

Does your child have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details	

Does your child have any allergies to medicines?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any other allergies? (e.g. plasters, bee stings, hay fever)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have asthma?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child ever been referred to/attended speech therapy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child ever been referred to/attended a paediatrician?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child ever been referred to/attended physiotherapy or occupational therapy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child ever received a diagnosis, such as Autism or ADHD?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answer 'yes' to any of the above, please give details so we can talk with you further about supporting your child and their needs.

If your child requires the use of an inhaler at school, and they have not been identified as having asthma, do you give permission for a first aider to administer an inhaler to your child in the event of an emergency? **Please tick**

Parent/Carer Personal Details

Parent / Carer Details – Primary Contact (first parent to call if child is unwell / had an accident in school)			
Title	<small>Mr/Miss/Mrs/Ms</small>	Relationship to child	
Full Name		Date of Birth	<small>DD / MM / YYYY</small>
Home Telephone		Mobile Telephone	
Email			
Home Language		Speaks English	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Address & Postcode	<small>Same address as your child? Please tick <input type="checkbox"/></small>		
Does this person have parental responsibility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NI Number

Parent / Carer Details – Secondary Contact (parent who the school will contact if the primary parent is unavailable / not answering)			
Title	<small>Mr/Miss/Mrs/Ms</small>	Relationship to child	
Full Name		Date of Birth	<small>DD / MM / YYYY</small>
Home Telephone		Mobile Telephone	
Email			
Home Language		Speaks English	Yes <input type="checkbox"/> No <input type="checkbox"/>
Home Address & Postcode	<small>Same address as your child? Please tick <input type="checkbox"/></small>		
Does this person have parental responsibility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NI Number

Are there any other details you feel we should know about your child? Please list below.

Nursery Session

We offer part-time or full-time places in our Nursery. Please indicate which session you would like your child to join:			
Morning 08:30 – 11:30am <input type="checkbox"/>	Afternoon 12:15 – 3:15pm <input type="checkbox"/>	Full-time 08:30 – 3:15pm <input type="checkbox"/>	

If you would like your child to join our Nursery full-time, you will need to provide us with your 30-hour code or, alternatively, you can choose to pay a top-up fee for the additional 15-hours provision.

Please speak with a member of the school office team for more information.

All sessions are allocated in line with our EYFS Admissions Policy. We will do our best to allocate your first choice of preference, but please note, this is not always guaranteed.

Parent/Carer Signature _____ Date ____ / ____ / ____