

Please tick:

- Application for TWO year old
- Application for THREE year old
- BOTH



CHILD NAME: DOB:

Application form for a place at Windham Nursery School.

Please complete BOTH SIDES of this form and SIGN

Main carer – e.g. parent		Second Main carer / Emergency contact	
FULL NAME		FULL NAME	
Title	Mr / Mrs / Miss / Ms / Dr	Title	Mr / Mrs / Miss / Ms / Dr
Address		Address	
Postcode		Postcode	
Date of birth		Date of birth	
Home Phone		Home Phone	
Mobile Phone		Mobile Phone	
Email		Email	
Relationship to child		Relationship to child	
Marital status	Divorced / Living with partner / Married / Separated / Single	Marital status	Divorced / Living with partner / Married / Separated / Single
Lone parent	Yes / No	Lone parent	Yes / No
Due date, if pregnant		Due date, if pregnant	
Religion		Religion	
First language		First language	
Level of English	Fluent / Conversational / Basic / Not spoken	Level of English	Fluent / Conversational / Basic / Not spoken
Disabilities / Medical conditions		Disabilities / Medical conditions	
Housing Status	Council / Housing association / Living with friends or family / Owner occupied / Private rented / Temporary accommodation / Refuge	Housing Status	Council / Housing association / Living with friends or family / Owner occupied / Private rented / Temporary accommodation / Refuge
Employment	Looking after family / Full time employment / Part time employment / Volunteer / Training / Student / Unemployed / Retired	Employment	Looking after family / Full time employment / Part time employment / Volunteer / Training / Student / Unemployed / Retired
Benefits	Carers Allowance / Child Tax Credit / Council Tax Benefit / Disability Allowance / EMA / Employment & Support Allowance / Housing Benefit / Incapacity Allowance / Income Support / Jobseekers Allowance / Working Tax Credit / other	Benefits	Carers Allowance / Child Tax Credit / Council Tax Benefit / Disability Allowance / EMA / Employment & Support Allowance / Housing Benefit / Incapacity Allowance / Income Support / Jobseekers Allowance / Working Tax Credit / other
Yes / No		Yes / No	
Doctors surgery		Doctors surgery	
Health visitor (if known)		Health visitor (if known)	
Would you be interested in becoming a volunteer at the nursery or the children’s centre? Yes / No		Would you be interested in becoming a volunteer at the nursery or the children’s centre? Yes / No	
Are you an Armed Forces family? Yes / No			
Are you receiving support from any other agencies (Homestart or a Family Support Worker for example)? Yes / No			
Please tell us who -			

Name of the child you are making the nursery application for		Sibling details 1	
Full name		Full name	
Gender	Male / Female	Gender	Male / Female
Date of birth		Date of birth	
Disabilities / Medical conditions / SEN		Disabilities / Medical conditions / SEN	
Breastfeeding	Not breastfed / Birth / 6 weeks / 3 months / 6 months / 1 year / ongoing	Breastfeeding	Not breastfed / Birth / 6 weeks / 3 months / 6 months / 1 year / ongoing
Religion		Religion	
First language		First language	
Level of English	Fluent / Conversational / Basic / Not spoken	Level of English	Fluent / Conversational / Basic / Not spoken

Sibling details 2		Sibling details 3	
Full name		Full name	
Gender	Male / Female	Gender	Male / Female
Date of birth		Date of birth	
Disabilities / Medical conditions / SEN		Disabilities / Medical conditions / SEN	
Breastfeeding	Birth / 6 weeks / 3 months / 6 months / 1 year / ongoing	Breastfeeding	Birth / 6 weeks / 3 months / 6 months / 1 year / ongoing
Religion		Religion	
First language		First language	
Level of English	Fluent / Conversational / Basic / Not spoken	Level of English	Fluent / Conversational / Basic / Not spoken

Ethnicity – please complete for ALL individuals on this registration form.

	White				Black			Asian					Mixed				Other ethnicity Please specify
	British	Irish	Gypsy/Traveller	Other	African	Caribbean	Other	Bangladeshi	Pakistani	Indian	Chinese	Other	White/Black African	White/Black Caribbean	White/Asian	Other	
Carer 1																	
Carer 2																	
Child's name																	
Sibling 1																	
Sibling 2																	
Sibling 3																	

CONSENT – THIS SECTION MUST BE COMPLETED: By signing this form, you are agreeing to the following:

- I am aware of children living closest to Windham will be offered first place. Morning places are first to be allocated.
- We do not encourage any child to change nursery if they are already attending another maintained nursery e.g Darell in line with the 'Fair Access Protocol'
- I certify that I am the person with parental responsibility for the child named on this form and that information I give is true to the best of my knowledge and belief. I understand that any false or deliberately misleading information given on this form and/or supporting papers may render this application invalid and could lead to the withdrawal of an offer of a place to your child.
- Information supplied will be used for registered purposes under the Data Protection Act 1998. For more information please visit www.richmond.gov.uk/data_protection

By filling in this application form for nursery you will automatically become registered at the children's centre. If you DO NOT wish for this to happen, please tick this box

If you are registered with the children's centre you are agreeing to the following

- I consent to the information provided by me being kept on a secure database by the children's centre.
 - I consent to all future visits and attendances at any children's centre activity being recorded onto a secure database and used to monitor trends and inform needs analysis where relevant.
 - I consent to photographs being taken and used by Windham Nursery School, Achieving for Children and the children's centre.
- Yes / No** I also consent to being contacted regarding the services available and being developed by the children's centre **Yes / No**

Signed :