

## **Application Form**

### **1. Child's Information**

Full Name:

Date of Birth:

Gender:    Male       Female       Other

Home Address:

Language(s) Spoken at Home:

Ethnicity:

Religion (if any):

### **2. Parent/Guardian Information**

#### **Primary Contact**

Full Name:

Relationship to Child:

Phone Number:

Email Address:

Home Address (if different):

National Insurance Number:

Wades Place, London E14 ODE  
T: 020 7987 8257  
E: [enquiries@stfrancisnursery.org.uk](mailto:enquiries@stfrancisnursery.org.uk)

[www.stfrancisnursery.org.uk](http://www.stfrancisnursery.org.uk)

**Secondary Contact (Optional)**

Full Name:

Relationship to Child:

Phone Number:

Email Address:

**3. Emergency Contacts (Other than Parents)**

**Emergency Contact 1:**

Name:

Relationship to Child:

Phone Number:

**Emergency Contact 2:**

Name:

Relationship to Child:

Phone Number:

**4. Medical Information**

Doctor's Name:

Doctor's Phone Number:

Does your child have any allergies or medical conditions?

If yes, please provide details:

Is your child on any regular medication?

If yes, please specify:

Has your child been immunised against:

Diphtheria	Whooping Cough	Tetanus
Polio	MMR	

### 5. Additional Needs

Does your child have any special educational needs or disabilities (SEND)?

If yes, please provide details:

### 6. Preferred Start Date

### 7. Session Preferences

Please tick your preferred sessions:

Breakfast Session (08:00–09:30)

Morning Session (09:30–12:00)

Lunch Session (12:00–13:00)

Afternoon Session (13:00–15:30)

After School Session (15:30–18:00)

Specific Days:    Mon        Tue        Wed        Thu        Fri

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## 8. Government funding

Will you be applying for Government funding?

If yes, do you require support in completing the application?

## 9. Any other agencies/professionals involved:

(please list):

## 10. Permissions: Please tick to give consent:

Emergency medical treatment

Local outings and trips

Photographs and video for nursery use (and for use on the St Francis website)

Sun cream application

## 11. Declaration

I confirm that the information provided is accurate and complete to the best of my knowledge.

Signature of Parent/Guardian:

Date:

Please download, complete this form and send it to [enquiries@stfrancisnursery.org.uk](mailto:enquiries@stfrancisnursery.org.uk)

Ensure you read all our nursery policies, available at [www.stfrancisnursery.org.uk](http://www.stfrancisnursery.org.uk)

For office use only:	Tick	Signature
Form completed in full		
Birth certificate seen		
Funded place?		

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