

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:

Date of Birth:

Phone Number:

Email Address:

Home Address (if different):

National Insurance Number:

Secondary Contact (Optional)

Full Name:

Relationship to Child:

Date of Birth:

Phone Number:

Email Address:

National Insurance Number:

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:

Chicken Pox

Diphtheria

Hepatitis A

Hepatitis B

Measles

Meningitis C

Mumps

Pneumonia

Rubella

Polio 2 months

Polio 3 months

Polio 4 months

Scarlet Fever

Tetanus

Whooping Cough

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

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:

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