



**Nursery Admission Form**

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|  |           |    |  |                            |    |
|--|-----------|----|--|----------------------------|----|
| Full time<br><small>(Please note, your preference cannot always be given)</small>  | Part time | Am | PM   | Date received (office use) |    |
| Child's Legal Surname  |           |    | Legal Forename(s)  |                            |    |
| Preferred Surname  |           |    | Preferred Forename(s)                                    |                            |    |
| Middle Name(s)   |           |    | Date of Birth  |                            |    |
| Address  |           |    |  |                            |    |
|  |           |    |  |                            |    |
| Gender   |           |    | Post code  |                            |    |
| Ethnicity  |           |    | Religion   |                            |    |
| <b>We are required to record the names and addresses of every person with parental responsibility for the child under the Children's Act</b> |           |    |  |                            |    |
| Parent(s) / Legal Guardian(s) with whom the child lives  |           |    |  |                            |    |
| Name   |           |    |  | Mr / Mrs / Miss /Ms / Dr   |    |
| Relationship Mother / Father / Guardian  |           |    | Date of Birth  |                            |    |
| Address (if different from child)  |           |    |  |                            |    |
|  |           |    |  |                            |    |
| Post code  |           |    | Home Phone Number  |                            |    |
| Mobile Number  |           |    | Work Number  |                            |    |
| National Insurance Number  |           |    | Email  |                            |    |
| Name   |           |    |  | Mr / Mrs / Miss /Ms / Dr   |    |
| Relationship Mother / Father / Guardian  |           |    | Date of Birth  |                            |    |
| Address (if different from child)  |           |    |  |                            |    |
|  |           |    |  |                            |    |
| Post code  |           |    | Home Phone Number  |                            |    |
| Mobile Number  |           |    | Work Number  |                            |    |
| National Insurance Number  |           |    |  |                            |    |
| Is there a custody court order in place for the child?   |           |    | Yes - Please provide a copy.                             |                            | No |
| Child Lives with   |           |    |  |                            |    |
| Legal parental Responsibility    Both Parents    Mother    Father    Other (Please specify)  |           |    |  |                            |    |
| <b>General Details</b>   |           |    |  |                            |    |
| Position in Family   |           |    | Other children attend                                    |                            |    |
| Home Language  |           |    | Stage of speaking English: Early    Developing    Fluent |                            |    |
| Status in Country:    Permanent    Temporary    Refugee    Asylum Seeker    Traveller  |           |    |  |                            |    |

|  |
|--|
| GP Surgery Name  |
| GP Address   |
| Health Visitor   |
| Medical Conditions/Disabilities  |
| Please give details  |
| Agencies involved or referral made to: Children's Hospital / Speech Therapy / Child Development Centre / Hearing / Vision / Educational Psychologist / Specialist Support Service / Children's Social Care |

### Are you entitled to 30 hours free childcare?

Eligibility for the 30 hours free childcare (please tick the appropriate boxes)

- Is your child 3 years old between 1.9.16 and 31.8.17 – please state your child's Date of Birth \_\_\_\_\_
- Are you a joint parent family with both parents working a minimum equivalent to 16 hours at National Minimum Wage or National Living Wage
- Are you a joint parent family with one parent working (a minimum equivalent to 16 hours at National Minimum Wage or National Living Wage), and one parent unable to work as they are an official carer or in receipt of disability benefit
- Are you a lone parent who is working a minimum equivalent to 16 hours at National Minimum Wage or National Living Wage.
- Do you live in England

If you think you may be entitled to the free 30 hours then we are urging all families to use the online calculator checker. Please go to <https://www.childcarechoices.gov.uk> and scroll down to '30 hours free childcare' and press the 'Is it for me?' On this page you will find a 'childcare calculator' button. The process takes about 10 minutes, and it will give you an indication at the end of the process to whether you are eligible or not. If you are eligible, it will ask you to 'apply for it now'.

I / we have completed the online 'Childcare Calculator' and it indicates that we are eligible to apply.

I have applied and been successful in securing an eligibility code.

Please write your eligibility code here:

|                                  |  |             |  |
|----------------------------------|--|-------------|--|
| <b>Parent/Guardian Signature</b> |  | <b>Date</b> |  |
|----------------------------------|--|-------------|--|