

 **Nursery Place Registration Form**

Please complete all information requested below. You can either complete the form by using Microsoft Word, then saving it and returning it as an attachment to an email sent to a2200@taw.org.uk or by printing it off and completing by hand and then emailing a copy back to a2200@taw.org.uk

Alternatively, you could copy the table below into the body of your email and compete from your email and then return to a2200@taw.org.uk

We will try our best to accommodate your required nursery session, but places are not guaranteed.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **AM** **(8.45am – 11.45am)** | **PM** **(12.15pm – 3.15pm)** | **30 Hours** **(8.45am – 3.15pm)** |
| **Nursery Session Required** (Please select preferred session) |  | ***Currently not available*** | ***Currently not available*** |
| **For 30 Hours provision, please complete a 30 Hour Application Form (Available from the office.)****The lunch time period is CHARGABLE plus the cost of lunch from the school if required. See Nursery Fees Charging Policy.** |
| **Child’s First Name:** |  |
| **Child’s Legal Surname:**  |  |
| **Child’s Chosen Name:** |  |
| **Child’s Date of Birth:** |  |
| **Child’s Gender:** |  |
| **Child’s Home Address:** |  |
| **Mother’s Full Name: (Mrs/Miss/Ms)** |  |
| **Mother’s Address:**(If not the same as child’s) |  |
| **Mother’s Contact Details:** | **Home Telephone:**  |  |
| **Mobile Number:** |  |
| **Work Number:**  |  |
| **Email Address:** |  |

|  |  |
| --- | --- |
| **Mother’s Place of Work:**  |  |
| **Does Mother have parental/legal responsibility for the child above?** |  |
| **What access to child’s school information will Mother have?**  | Contact Information for ChildPupil Annual Report School Letters/NewslettersParent Consultation Meetings ParentPay Account  |
| **Father’s Full Name:**  |  |
| **Father’s Address:** (If not the same as child’s) |  |
| **Father’s Contact Details:**  | **Home Telephone:**  |  |
| **Mobile Number:** |  |
| **Work Number:**  |  |
| **Email Address:** |  |
| **Father’s Place of Work:** |  |
| **Does Father have parental/legal responsibility for the child above?** |  |
| **What access to child’s school information will Father have?**  | Contact Information for ChildPupil Annual ReportSchool Letters/NewslettersParent Consultation Meetings ParentPay Account  |
| **Who lives in the current family home (That the child above resides with)? Please list all.**  |  |
| ***Please indicate if there are any custody issues that we need to be aware of. Please supply a copy of the legal documents pertaining to these arrangements, e.g. does your child only live with one parent? Are you the child’s legal guardian? Are there any legal access arrangements that we need to be aware of?*** |  |
| **Are Mother or Father currently Active Service Personnel? If yes, please give details.** |  |
| **Previous school/nursery details for child.** |  |
| **Are there any siblings at Hollinswood Primary School & Nursery? Please give names.** |  |
| **Are there any siblings at any other schools? Please specify.** |  |
| **What is your child’s ethnicity?**  |  |
| **What is your child’s religion?** |  |
| **What is your child’s first/native language?** |  |
| **Does your child speak any other languages? If yes, please give details.** |  |
| **What is your child’s level of spoken English?**  | **Fluent****Competent****Early Acquisition** |
| **What is your child’s country of birth?**  |  |
| **If this wasn’t the UK, what date did your child arrive in the UK?**  |  |
| **What is your child’s nationality?** |  |
| **Does your child have any medical needs we need to be aware of, i.e. Asthma, Diabetes, Eczema, Epilepsy, Bowel/Bladder Problems or any other medical etc? Please give details.** |  |
| ***If your child suffers from Asthma, there are more forms you will need to complete. You will also need to provide an inhaler and spacer that will stay in school with your child to be used when needed. If your child has any other medical needs where they have an assigned medical professional, i.e. diabetic nurse, allergy nurse etc, please give details below.***  |
| **Does your child have any dietary needs we need to be aware of, i.e. food allergies, vegetarian, kosher food only, halal etc? Please give details.** |  |
| **Please provide any other information if necessary.**  |  |
| **Child’s doctor’s name and doctor’s practice/address.**  |  |
| **Does your child attend any routine clinics, i.e. speech and language?** **If yes, please give details.**  |  |
| **Does your child take any long-term medication? If yes please give details.**  |  |
| **Is your child eligible for Early Years Pupil Premium (EYPP) in Telford & Wrekin?** **If yes, please complete parent details below.** |  |
| **Do you consider your child to have a disability? If yes, please give details.**  |  |
| **Is your child eligible for the Disability Access Funding (DAF) in Telford & Wrekin? If yes, please complete parent details below.**  |  |
| **Parent/Carer National Insurance Number/NASS Reference number:**  |  |  |  |  |  |  |  |  |  |
| **Parent/Carer date of birth:**  | D | D | M | M | Y | Y | Y | Y |
| **Are you happy for your child to take part in religious activities at school?** **(All very low level)** |  |
| **Are you happy for your child to take part in sex and relationship education at school? (All very low level and age appropriate)** |  |

Hollinswood Primary School & Nursery are collecting Personal Identifiable Information to enable us to provide you with a funded early education and childcare place. We need to collect this information in order to check your eligibility for a funded place. This information is being processed under DPA – Schedule 2 (2a) (GDPR 2018 - Article 6 (1) b).

Hollinswood Primary & Nursery School are collecting your/your child’s personal data to complete the admission to the school to comply with the Schools Admissions Regulations. The school will not share your/your child’s personal data with any other external organisation unless required/permitted to do so by law. However, this information will be shared within Telford & Wrekin Council and partners agencies (Department of Education, NHS, Other Schools, and Early Years providers) solely for the purpose of providing you with a funded early education and childcare place. For further information on our privacy arrangements please see school website

**Declaration of Person with Parental/Legal Responsibility**

I declare that the above information to be correct to the best of my knowledge at the time of completion. I agree to notify the school of any change to my child’s circumstances.

**Signed**: .................................................................................................................................. **(Parent/Carer)**

**Date**: ...........................................................