**Cragside Church of England Primary School**

**Nursery Application**

|  |  |
| --- | --- |
| Child’s Surname: | Child’s Forename: |
| Gender: Male/Female | Date of Birth: |
| Home Address:Postcode: |
|  |
| Mother’s Name: | Father’s Name: |
| Address if different from above | Address if different from above |
| Home Telephone: | Home Telephone: |
| Mobile: | Mobile: |
| Email address: | Email address: |
| Parental Responsibility: Yes/No | Parental Responsibility: Yes/No |
| Names of brothers or sisters in school | Date of birth |
|  |  |
|  |  |
| Please give details of any attendance at any playgroup, mother & toddler group or childcare establishments: |  |
| Has your child had their 2 year check? | Yes/No |
| Is your child in public care (looked after)? | Yes/No |
| Is your child known to Children's IntegratedServices (Social Worker)? | Yes/No |
| Does your child have an Educational Health and care plan (EHCP)? | Yes/No |
| Is your child known to the Educational Psychology Service (Educational Psychologist)? | Yes/No |
| Does your child have a disability or illness? | Yes/No |

Please indicate whether you would be interested in your child attending morning, afternoon or both sessions.

|  |  |
| --- | --- |
| **Morning Sessions, Monday to Friday** |  |
| **Afternoon Sessions, Monday to Friday** |  |
| **Morning & Afternoon, Monday to Friday** |  |
| If you have ticked for morning & afternoon, please advise whether or not you would be entitled to the additional 15 hours funding (known as 30 hours childcare) or whether you would be paying for these additional sessions. | Entitled / Paying |

|  |  |
| --- | --- |
| Signature of Parent/Carer | Date |