**Cragside Church of England Primary School**

**Nursery Application**

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| 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 Integrated  Services (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.

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| **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 |

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| Signature of Parent/Carer | Date |