

Nursery Application Form

Please complete this form in BLOCK CAPITALS



I am applying for					
Little Orchard Nursery Leesons Primary School, Leesons Hill, Orpington, Kent, BR5 2GA					
Butterflies Nursery Midfield Primary School, Grovelands Road, St Paul's Cray, Orpington, Kent, BR5 3EG					
Little Acorns Nursery Elmstead Wood Primary School, Castlecombe Road, Mottingham, SE9 4AT					
Child Details					
Legal Forename		Legal Surname			
Preferred Forename		Preferred Surname			
Gender		Date of Birth	/	/	
Home Address					
	Postcode:				
GP Name and Address					
Siblings at main school? <i>(Please state name/s)</i>					
Child of staff member? <i>(Please state name)</i>					
Looked After Child (LAC)? Delete as appropriate		Yes / No			
Parental Details					
Legal Forename		Legal Surname			
Mobile Contact Number		Email			
Requirements at Setting					
Please state your requirements for your child by ticking the boxes below.					
We accept children from the term after their third birthday. Please refer to our school websites for term dates and nursery admissions policy. Each session equates to 3 hours. Please bear in mind your child's funding eligibility when you are applying. Additional sessions are chargeable at the rates advertised on our school's websites. **please note that wraparound sessions are chargeable					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM Session 08:30 – 11:30					
PM Session 11:30 – 14:30					
Wraparound Session** 14:30 – 15:30					
Date Applied (office use only)					

Child's Name:



Health Information

Has your child had their pre-school booster	Yes / No
Does your child have any dietary requirements?	Yes / No
Does your child have any medical conditions/allergies?	Yes / No
Does your child have any difficulties with hearing, sight, or speech?	Yes / No

If you have answered 'Yes' to any health questions, please give further details below

Social Information

Is your child in care or fostered?	Yes / No
Has your child ever been known to social services?	Yes / No
Has your child ever been on a Child in Need Plan or under Child Protection?	Yes / No
Are there any custody arrangements or concerns?	Yes / No
Does your child have any known SEN needs?	Yes / No
Is your child known to other agencies (paediatrician, SALT)?	Yes / No
Do you give consent for us to contact outside agencies to share information?	Yes / No
Is English your child's first Language? If no, please state other languages spoken at home.	Yes / No

If you have answered 'Yes' to any social questions, please give further details below

Child's Name:



Background	
Please provide the following information	
Ethnicity:	
Religion:	
Traveller Status or Background:	
Is your child a Young Carer?	Yes/No
Is your child a Service Child?	Yes/No

Developmental			
	Yes	With Help	Not Yet
Can your child go to the toilet independently?			
Can your child dress independently?			
Can your child follow simple instructions?			
Can your child ask for help?			
Can your child talk in sentences?			
Can your child be understood by others?			
Does your child enjoy looking at books?			
Does your child enjoy singing nursery rhymes?			
Does your child enjoy drawing?			
Can your child recognise their own name?			
Can your child recognise numbers or count?			
Can your child eat independently?			
Please use this space to tell us any other interests or things we should know about your child whilst in our care.			