



Cecil Road Primary & Nursery School Nursery Application Form



Please attach a copy of your child's birth certificate to the application form. Unfortunately, without this document, your child will not be able to join the Nursery.

Child's Details

Child's Full Name:	
Child's DOB:	
Child's Gender:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl

Is your child currently attending a nursery / playgroup / crèche? Yes No
If Yes, please provide nursery/playgroup/crèche name:

Parent/Carer Details (with whom the child lives with)

Parent/Carer's Name		Parent/Carer's Name	
Relationship to Child:		Relationship to Child:	
Address:		Address:	
Contact Number:		Contact Number:	
Email Address:		Email Address:	

Siblings

Will your child have a sibling at the same address in the main School/Nursery when they attend Nursery? If yes, please provide the siblings name and DOB:	
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Nursery Sessions

Please indicate below which session you would prefer your child to attend.

Please note, we cannot guarantee you will be offered your preferred session, but will allocate parental preferences where possible.

- Morning Sessions
- Afternoon Sessions
- 30 Hour Sessions

Child's Medical / SEN History

Does your child have any physical disabilities? If yes, please give details:		
Does your child have any medical conditions or take medication regularly? If yes, please give details:		
Does your child have any special educational needs? If yes, please give details:		
Does your child receive support from:		<input type="checkbox"/> Portage <input type="checkbox"/> Early Help <input type="checkbox"/> Outside Agencies
If you feel there are any exceptional medical, social or other reasons why your son/daughter should attend this nursery, please give details below. <i>(Evidence to support this statement may be requested.)</i>		
Children in Care/Subject to a Child Protection Plan - this includes all looked after children and children who were previously looked after, and are now subject to an adoption, residence of special guardianship order.		
Is this child Looked After by a Local Authority If Yes, please complete below:		Is this child subject to a Child Protection Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
Local Authority:	Social Worker Name:	Contact Number:
Signature (of the person who completed the form)		
I have to confirm the above details are correct and that I have read and understood the admissions criteria:		
Relationship to Child:		
Date:		

OFFICE USE ONLY	
Birth Certificate seen/copy taken (sign and date to confirm):	