

Please enter your child's details:

DD

 MM

YYYY

Surname/Family Name:

Date of

NURSERY APPLICATION FORM

Monksmoor Park CE Primary School Croxden Way, Daventry NN11 2PD Tel: 01327 493112

www.monksmoorceprimary.co.uk

Child's Name:

Female

Male

| For Office Use Only | | | |
|---------------------|----------------------------|--------|--|
| Proof of Address | Birth Certificate/Passport | UPN No | |
| | | | |
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| Birth: | | | | | | | |
|---------------|------------------|-----------------|--------------------|----------------------|--------------|-----------------|---|
| Country of Bi | irth: | | | Nationality: | | • | |
| | | | | | | | |
| | | | | | | | |
| To be comple | eted by the ch | ild's parent(s) | , legal guardian(s | s) or carer(s) | | | |
| Guardian 1 F | ull Name: | | | Guardian 2 Full Na | me: | | |
| | | | | | | | |
| Address:* | | | | Address:* | | | |
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| | | | | | | | |
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| Dostando | | | | Postcode: | | | |
| Postcode: | | | | | | | |
| Home Tel No | | | | Home Tel No: | | | |
| Work Tel No: | | | | Work Tel No: | | | |
| Mobile No: | | | | Mobile No: | | | |
| Email Addres | ss: | | | Email Address: | | | |
| | | | | | | | |
| Relationship | to Child: | | | Relationship to Ch | ild: | | |
| Parental Res | ponsibility: Y | ES / NO | | Parental Responsil | bility: YE | S / NO | |
| Date you mo | ved to this add | dress: | | Date you moved to | o this addre | ess: | |
| Does the chil | d live at this a | ddress: YES | / NO | Does this child live | at this add | dress: YES / NO | 1 |

A current proof of address, for example, a recent Electric, Gas or Council Tax Bill must be submitted with this application. Parents should note that child-minders' addresses, including private arrangements with family members will not be taken into consideration. In the event of your child being offered a place further proof of address will be required.

^{*}The address above must be the address where the child normally lives and with the adult who has parental responsibility.

| Preferred start date: | | | | |
|--|---|--|---|--|
| Session Preference: | | Morning: 9.00 am to 1 Minimum three session | | |
| Monday | Tuesday | Wednesday | Thursday | Friday |
| | | | | |
| only. Parents/carers may clair | veek over 38 weeks). No m their entitlement fron | charge will be levied fo | r parents/carers claimin er at the same time but | ng their Free Entitlement must not exceed a total |
| of 570 hours over 3 fund right to charge the pare under the Local Authorit | nt/carer for any funding | shortfall at the rate of t | he Free Entitlement fur | |
| In order to qualify for free council) have: | ee entitlements parents | /carers must, by the enc | d of headcount day each | ı term (as set by the |
| Signed the LA from | of address and the child ee entitlement form lity (if claiming 30 hours | | | |
| Fees for any additional hourly rate currently set | · · | and family over and abov | ve any free entitlement | will be charged at an |
| Other Settings: | | | | |
| | nother setting please let | | | |
| Setting Name and Add | ress: | Name of Ke | ey Person: | |
| Contact Number: | | Sessions At | ttending: | |
| Special Needs Informa | ition: | | | |
| Stage | | Category | | |
| Services | | | | |

| Medical Details: | |
|--|---|
| | The lift voice of the con- |
| Doctor's Name: | Health Visitor's Name: |
| Surgery Name & Address: | Address (if different from doctors): |
| | |
| | |
| Telephone Number: | Telephone Number: |
| Ongoing Medication (if any): | receptione realises. |
| | |
| | |
| | |
| | |
| | |
| General Information: | |
| Is your child potty trained? | NO |
| Will you be using childcare vouchers? | Name of Scheme: |
| If Yes, please provide name of childcare scheme: | |
| | Details: |
| Will you be using a Tax-Free Childcare account? | Details. |
| | |
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| | |
| Family Information (Please list your children with the old | oct firct) |
| Family Information (Please list your children with the old | |
| Family Information (Please list your children with the oldNameDate of Birth | est first) Gender Current School/Nursery |
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| | |
| Name Date of Birth | Gender Current School/Nursery |
| Name Date of Birth Completing this Application Form does not confirm a place | Gender Current School/Nursery within our Nursery setting. Please see our Admissions |
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The school and local authority are required under Data Protection legislation to comply with essential good practice in respect of the information collected here and to manage it securely. The individuals who are the subject of the information or who have parental/carer responsibility are generally entitled to see the information and are encouraged to help keep the information up to date. This information will be used for education, planning or managerial purposes. Please see our Privacy Statement for further information.