**The Hermitage Schools Nursery Class**

**Application Form**

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| **Child Details** |
| **Surname** |  | **First Name** |  |
| **Middle Names** |  | **Name known as *(if different from above)*** |  |
| **Date of Birth** |  | **Male/Female** |  |
| **Religion** |  | **Languages spoken by child** |  |
| **Home Language** |  |  |
| **Childs Ethnic Group** **(Please tick)** | **White:*** British
* Irish
* Any other White background
 | **Asian or Asian British:*** Indian
* Pakistani
* Bangladeshi
* Other Asian background
 | **Mixed:*** White/black Caribbean
* White/black African
* White/Asian
* Other mixed background
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| **Black or Black British:*** Caribbean
* African
* Other black background
 | **Chinese or other ethnic group:*** Chinese
* Other ethnic group
 | * Refused
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| **Meeting Admission Criteria** |
| Is the child, or has the child previously been in the care of a local authority in accordance with Section 22 of the Children Act 1989? | Yes / No |
| Are there exceptional social or medical circumstances which apply to the child which warrant a placement at this school in particular? (If ‘yes’ the headteacher will arrange a meeting with you to discuss this further). | Yes / No |
| Member of Teaching Staff for more than 2 Years  | Yes / No |
| Will the child have a sibling at The Hermitage Schools at the time of admission? (If ‘yes’, please give full name and year group of sibling) | Yes / No |

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| **Parent/Carer Details** |
| **Name****Address****Relationship to child:****Home Telephone No.**Mobile Telephone No.Work Phone No.Email Address |  | **Name****Address****Relationship to child:****Home Telephone No.**Mobile Telephone No.Work Phone No.Email Address |  |
| Who has parental responsibility? |  | Who has legal contact with the child? |  | Which parent does the child normally live with? |  |
| If you are able to receive communication (i.e. newsletters) via email, please provide the email address:EMAIL:  |

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| **Additional Emergency Contacts (if parents cannot be contacted)** |
| **Emergency Contact Details****(Please Provide 2 contacts)** | Name:Home telephone: Mobile number:Relationship to child: | Name:Home telephone: Mobile number:Relationship to child: |

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| **Medical Details** |
| **Doctors Details****Name:**  |  | **Surgery Address:****Telephone:** |  |
| Are your child’s vaccinations up to date? YES/NO  |
| Has your child got any allergies or dietary requirements? *Please give details* | Has your child got any Health requirements (ie inhaler, epipen)? *Please give details* |
| Does your child have any special educational needs/disabilities? YES/NO*If yes, please give details including support received i.e. speech therapist, occupational therapist*. |

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| **Session Requirements** |
| When would you like your child to start in the nursery class? (*Please indicate)* September 20\_\_\_\_ January 20\_\_\_\_ *Please note that the nursery class* ***does not operate flexible hours****. Please select your first session preference by placing a number 1 in the preference column and your second session preference by placing a number 2 in the preference column and so forth.*

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| **Session** | **Days** | **Total number of hours** | **Preference** |
| A | Monday (8.40 – 2.40), Tuesday (8.40 – 2.40), Wednesday morning (8.40 – 11.40) | 15 Hours |  |
| B | Monday (8.40 – 3.10), Tuesday (8.40 – 3.10), Wednesday morning (8.40 – 11.40) | 16 Hours (an additional charge of £3 per day will be invoiced for the additional 30 mins on a Monday and a Tuesday) |  |
| C | Wednesday afternoon (12.10 – 3.10), Thursday (8.40 – 2.40), Friday (8.40 – 2.40) | 15 Hours |  |
| D | Wednesday afternoon (12.10 – 3.10), Thursday (8.40 – 3.10), Friday (8.40 – 3.10) | 16 Hours (an additional charge of £3 per day will be invoiced for the additional 30 mins on a Thursday and a Friday) |  |
| E | Monday – Friday (8.40 – 2.40) | 30 hours |  |
| F | Monday – Friday (8.40 – 3.10) | 32.5 hours (an additional charge of £3 per day will be invoiced for the additional 30 mins on a Monday, Tuesday, Wednesday, Thursday and Friday) |  |

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| Will your child be attending any other setting prior to or during their time at TheHermitage Schools Nursery? (i.e. include any other Nursery/preschool/childminder)? If so please give name and address of setting(s) with dates: |

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| **Wrap around care** | My child is 3 years old and I would like them to attend wrap around care:Yes/No**If Yes, please complete the enquiry section form on page 4.** |

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| **Additional information** | Please note any additional information which would be useful for the preschool in helping your child to settle happily (*continue on back of sheet if necessary*): |

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| **Parental Permissions** |
| I, the undersigned, give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Child’s Name) to:* receive appropriate first aid treatment in the event of an accident, including application of a hypo-allergenic plaster.
* leave the premises for supervised walks and visits in and around the local area.
* be included in any photos advertising/promoting the school (social media, website, leaflets, newspaper, newsletters etc.).

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Full Name : Relationship to Child :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Funding Support and Session Cost**  |
| I believe I am entitled to:* FEET funding
* 15 hours free childcare from the DFE for 2 year olds. My 15 hours funding code is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 15 hours free childcare from the DFE for 3 year olds.
* 30 hours free childcare from the DFE for 3 year olds. My 30 hours funding code is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Early Years Pupil Premium (If you are not sure and would like the school to check on your behalf, please provide your National Insurance Numbers and Date of Births below. We can carry out a confidential check on your behalf and let you know.)

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**Wraparound Care – 3 and 4 year old’s**

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| **Breakfast Club (Standard session 7.15am – 8.40am**  | **Cost - £6.60 per session. This is an indicative price and will increase in September** | **Autumn Term** | **Spring Term** | **Summer Term** |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |

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| **Breakfast Club (Short session – No breakfast - 8.00am – 8.40am**  | **Cost - £3.00 per session. This is an indicative price and will increase in September** | **Autumn Term** | **Spring Term** | **Summer Term** |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |

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| **After School Club (3.00pm – 5.45pm)**  | **Cost - £11.50 per session. This is an indicative price and will increase in September** | **Autumn Term** | **Spring Term** | **Summer Term** |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |