

#### **NURSERY APPLICATION**

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WALE / FEWALE			DATE	DATE OF BIRTH			Emwerr		
				Is your child eligible for Government Funding? If yes, how many hours?					
3 Year C	ld			☐ 3 year old (15 hours) ☐ 3 year old (30 hours)					
NURSER	Υ			Is your child eligible for Government Funding? If yes, how many hours?					
2 Year C	ld		□N	☐ No ☐ 2 year old (15 hours)					
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Mor	nday	Tue	sday	Wedn	esday	Th	ursday	Friday	
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If we fin	d that we	no longe	r need the	e place, v	ve will info	orm Lit	tle Gems a	s soon as po	ossible so that th
olace ca	n be giver	n to anoth	ner child.	-				·	
Signature of parent/carer ONE Date			Sign	Signature of parent/carer TWO Date					

PLEASE SEND A COPY OF YOUR CHILDS BIRTH CERTIFICATE, PASSPORT & RED BOOK WITH THIS FORM.

PLEASE ENCLOSE A NON-REFUNDABLE DEPOSIT OF £20 WHICH WILL BE DEDUCTED FROM SNACK OR RETURNED SHOULD WE NOT BE ABLE TO ACCOMODATE.

PLEASE NOTE completion of this form does not constitute admission in the nursery or guarantee of a place.



#### **NURSERY APPLICATION**

	FOR OFFIC	E USE ONLY	
OFFER PLACE	Y/N	START DATE	
Key Worker		Key Worker Meeting	

- o Birth certificate
- Passport
- o Red book 2year old check
- o Deposit
- o All about me

# Al Huda

My first language at home is:

I like to be called:

#### **NURSERY APPLICATION**

### **ALL ABOUT ME**

#### Getting to Know My Family and Me -

Other languages in my family are:
Who lives in my house?
My experience of being away from my family:
My experience of playing with other children:
Special people in my life:
My family and I celebrate:
Interests & Preferences
Things that excite me and make me happy
My favourite books:
My favourite rhymes:
My favourite toys:
My favourite place to visit:
Things I like doing outside:
Things I can sometimes get angry or upset about:
How would your child handle disappointment?
Things that comfort me:
Food & Drink -
My favourite foods:
My favourite snacks:
My favourite drinks:
I do not like:
Health & Development - Medical info:
Does your child have any allergies?
Does your child have any specific dietary requirements?

Does your child have any health issues?

Does your child have any educational needs?

Does your child have regular contact with health professionals or agencies?



#### **NURSERY APPLICATION**

#### Healthcare -

What is your child good at?

What does your child need help with?

How does your Child communicate? Tick the boxes that apply

	In	In home
	English	language
Babbles		
Gestures/points to an object		
Uses single words, if so how many?		
Puts 2 words together e.g. more juice		
Uses simple sentences e.g. mummy gone work		
Can hold a short conversation		

Does your child stop and look when hearing their own name?

How does your child respond to new people or situations?

Do you have any concerns about the development of your child?

## Please note that your child <u>MUST</u> be toilet trained before starting in the 3yr old nursery room

#### **Sleeping and Toileting Routines -**

What is your child's sleep routine? (e.g. 7:30pm – 8:00 am/1:00pm – 3:00pm):

#### Nappy changing / Toileting info:

reappy changing / rollecting line.	
My child is in nappies	
My child is in pull ups	
My child is toilet training	
My child uses the toilet with support	
My child uses the toilet without support	
My child can communicate their	
toileting needs	

Any additional information: