



# NURSERY APPLICATION

PLEASE SEND A COPY OF YOUR CHILDS: 1. BIRTH CERTIFICATE, 2. PASSPORT & 3. THE LATEST DEVELOPMENT CHECK FROM YOUR CHILDS RED BOOK (APPROX PG 64-67) WITH THIS FORM.

PLEASE ENCLOSE A NON-REFUNDABLE DEPOSIT OF £20 IN CASH, 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.

FORENAME		
MIDDLE NAME/S		
SURNAME		
MALE / FEMALE	DATE OF BIRTH	ETHNICITY
NURSERY 3 Year Old	Is your child eligible for Government Funding? If yes, how many hours? <input type="checkbox"/> 3 year old (15 hours) <input type="checkbox"/> 3 year old (30 hours) 30 hour code: _____	
NURSERY 2 Year Old	Is your child eligible for Government Funding? If yes, how many hours <input type="checkbox"/> 2 year old (15 hours) Working parent code: _____ <input type="checkbox"/> No	

<b>AM SESSION : 8:30am – 11:30am</b>	<b>PM SESSION : 11:50am – 2:50pm</b>
I/We would like my/our child to join Little Gems Nursery	
<input type="checkbox"/> Mon – Fri AM <input type="checkbox"/> Mon –Fri PM <input type="checkbox"/> Mon – Fri Full day	

PARENT/CARER ONE NAME & ADDRESS		PARENT/CARER TWO NAME & ADDRESS	
TELEPHONE NO		TELEPHONE NO	
MOBILE NO		MOBILE NO	
EMAIL ADDRESS		EMAIL ADDRESS	
NATIONAL INSURANCE		NATIONAL INSURANCE	
D.O.B		D.O.B	

If we find that we no longer need the place, we will inform Little Gems as soon as possible so that the place can be given to another child.

Signature of parent/carer:

Date:

PLEASE RETURN COMPLETED APPLICATION TO: [info@alhudaprimay.co.uk](mailto:info@alhudaprimay.co.uk)

OR POST TO: Al Huda Primary School, Hennon Street, Bolton, BL1 3EH

## ALL ABOUT ME

Please note that your child **MUST** be toilet trained before starting in the 3yr old nursery room.

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

I like to be called:

My first language at home is:

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?

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

## 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 English	In home 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?

## 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:

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	
Additional information:	

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FOR OFFICE USE ONLY			
Nursery Cohort Year	SEPT	JAN	APR
Birth Certificate/ Passport	Development check Red Book	Deposit	Application collected by:
NOTES:			

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