Crooksbarn Primary School

Nursery Application Form

Pupil details	
First name:	**Surname:**
Chosen name:	**Date:**
Gender: ☐ **Male** ☐ **Female**	**Religion:**
First language used in the home:	
Parent/carer details	
1. **Parent/carer's name:**	**Relationship to child:**
1. **Parent/carer's address:**	**Mobile:** _____ **Home:** _____ **Work:** _____
2. **Parent/carer's name:**	**Relationship to child:**
2. **Parent/carer's address:**	**Mobile:** _____ **Home:** _____ **Work:** _____
Additional contacts:	
3. **Name:** **Relationship to child:**	**Address:** **Tel:**
4. **Name:** **Relationship to child:**	**Address:** **Tel:**
Family	

He/she has _____ brother (s) aged _____ named _____
He/she has _____ sister (s) aged _____ named _____
He/she also spends a lot of time with _____ **_____**
Private nurseries & playgroups
He/she has attended _____
Health information
Doctor's name and address:
Please give details of any serious illnesses or medical conditions
Please give any details of any allergies e.g. asthma, nut allergy
Has your child had the relevant vaccinations e.g. MMR YES/NO
Has your child had their two year health check? YES/NO **If yes, please bring the information to Nursery.**
Have you been concerned about your child's hearing, sight or speech? YES/NO
Does your child use the toilet independently? YES/NO
Personal information
Does your child have any particular favourite books, games, toys or interests? Please give details.
If you feel there is anything else we may need to know, please speak to the class teacher.
During your child's time in Nursery, their behaviour and progress can be affected by changes in the family and circumstances at home. We are more able to support your during these times if you could inform staff, in confidence, of any such changes.
Signed: _____ (parent/carer)