

St Chad's CE Nursery Application Form



Welcome to St Chad's Nursery! We are delighted that you are thinking of joining our Nursery family. The relationship between a child's parents and a setting is crucial to the child's well-being.

The happiness, safety and protection of your child are at the heart of everything we do.

Child's Full Name:				
Also known as:				
Any previous names:				
Gender:				
Date of Birth:				
Child's Address				
(inc postcode):				
(me posteode).				
Home & Mobile				
Telephone Numbers:				
E-Mail of Parent/ Carer:	:			
Name/ year group of an	ıv			
siblings in school:	,			
sibilings in school.				
Details of Parents/Carers	& Emergency Conta	cts:		
Name(s) of person(s)	Relationship(s)	Home Telephone	Work Telephone	Mobile Telephone
the child normally lives	.,,	No.	No.(s)	Number(s)
(with parental			133.(0)	
responsibility)				
responsibility)				
	1	1	1	

Additional Emergency Contact(s) Name	Relationship	Address	Telephone Nun	nbers

Please confirm below whom you authorise to collect your child and in addition supply a password for use in the event that an unauthorised person is required to collect your child. If you wish for an unauthorised person to collect your child we do insist that you let us know in advance and that the named person brings some form of photo ID to prove their identity.

Authorised Name	Password

SESSION DETAILS

We are a 26 place Nursery (So 26 children as a maximum each session) and we offer different session options to cater for both 15 hours and some 30-hour places. We also offer extra paid sessions if we have room. (At a cost of £5.00 per hour)

Please fill out the table below to indicate what sessions you would like, and we will do our best to accommodate your wishes. Please note if you would like a 30 hour place we will need to validate your 30-hour code **before** your child can start Nursery. (This code needs renewing each term)

Sessions are as follows:

- 9 3pm (full day)
- 9 12pm (morning session)
- 12 3pm (afternoon session)

Morning session	CORE HOURS
9 am – 12.00 pm (3 hours)	
Afternoon session	CORE HOURS
12.00 pm – 3.00 pm (3 hours)	
Early Start and Late Finish	Non – CORE HOURS
8.45 am – 9.00 am	Optional charge of £ 2.50 (for both)
3.00 – 3.15 pm	*This can be booked if your child is staying for the
	full day.

However, if your child attends for the full day and you would like your child to attend during the school hours of 8.45am – 3.15 pm then there will be a charge of £2.50. If you require wrap around care before 8.45am or after 3.15pm then this via our before and after school club and is booked and charged separately.

Please tick requested place requirements: **15 Hours Place**: (Also tick any extra paid hours you require)

Session	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings only 9am					
– 12pm					
Afternoons only					
12.00pm – 3.pm					
Full day					
9am – 3pm					
Extra session					
before & after					
school					
8.45 – 9am and					
3.00pm – 3.15 pm					
at an extra charge					
of £2.50 per day					
Full name and date of	of birth of the pare	nt who applied for	funding		
National Insurance N	lumber				
_					
Requested Start Date:					

30 Hours Place:

Please tick the days you would like below.

If you would like any other combination within your 30 hours, please tick which days you would like. (For example, Monday – Thursday)

Session	Monday	Tuesday	Wednesday	Thursday	Friday
*30 hours					
Core Hours 9 –					
3pm					
Extra session					
before & after					
school					
8.45 – 9am and					
3.00pm – 3.15 pm					
at an extra charge					
of £2.50 per day					
30 Hour Code:					

Full name and date of birth of the parent who applied for funding

National Insurance Number (of person who applied for the 30 hours)
If you intend to split the 30 hour code between St Chad's and another setting, please state the number of hours and the other setting below

*Please note if you would like a 30 hour place we will need to validate your 30-hour code **before** your child can start Nursery.

(This code needs renewing each term)

Also...

- We require 4 weeks' notice for any changes or cancellations to regular sessions (For example if you wish to add an extra afternoon per week or change from mornings to afternoon sessions.)
- Additional sessions may be booked if we have space, subject to availability
- Fees will be charged for all booked term time sessions, regardless of attendance

Payment Terms:

Invoices will be issued and are payable half a term in advance. Any additional sessions are added on to the next invoice.

Lunchtime Arrangements (If your child is attending a full day)			
I would like my child to have	A school dinner (£2.65 per day)	A packed lunc	
Any Dietary Requirements (Eg vegetarian, halal, any food allergies etc)			

Lunch time is at 11.30 am – 12.30 pm for children staying all day. A healthy snack is offered to all children during each session.

Additional Information:

Child's Doctor Name, Address & Telephone No.	
Any known allowaics /illnesses*	
Any known allergies/illnesses*	
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Is your child toilet trained? (We would request that children attending Nursery have	
at least started toilet training and we will of course	
support you and your child with this)	
Any additional needs/cultural or dietary requirements	
A LIVI LETNO	
Any additional SEND needs e.g. speech and language, behavioural needs, learning needs	
behavioural needs, learning needs	
Any other information that would be useful:	
	<u> </u>
*If medication is required ie inhalers/epi pen/piriton etc thi	is must be available at Nursery at all times the child
attends, and an additional form must be completed. Please	e see the Mrs McMaster for further info.
Safeguarding Children Statement: Please note that if we h	nave any concerns about your child's development,
welfare or safety, we will speak to you immediately and th	ese concerns may be shared with the Designated
Safeguarding Staff in School. Schools are required to keep	·
advice of other professionals (in accordance with School's	·
will be dealt with in consultation with parents / carers and	,
· ,	
First Aid: we occasionally have to administer first aid to	children, please CIRCLE any preparations you <u>DO NOT</u>
wish us to use on your child:	
Sun cream (min factor 25) Antiseptic Wipes Micro	pore Tape Plasters Cold Compress
, , , , , , , , , , , , , , , , , , , ,	
I confirm that the above information is correct and that I	have read this form fully.
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Signed:	(Parent/Carer) Date:
Signod:	(Nursany) Date:
Signed:	_ (IVUISCIY / Date

We really look forward to getting to know you and your child and beginning their journey at St Chad's together! Please do not hesitate to contact me at school if you have any questions or concerns.

We will be in touch the term before your child's third birthday to arrange a home visit, so we can meet you and your child in a familiar environment. I look forward to meeting you.

Kind regards,

Kathie McMaster Nursery Teacher