Application for Admission to St James' CofE Nursery

All forms to be completed and returned as soon as possible, along with a copy of your child's birth certificate.

1. **Child's details**

Child's Legal Family Name:		**Child's Legal Forename(s):**	
Name by which the child is known (if different from above):			
Date of Birth:		**Male/Female:**	
Address:		**Post Code:**	
Known access restrictions to property e.g. key code to entrance of property		**YES/NO (PLEASE CIRCLE)**	
Documentary proof of DOB Type (e.g. Birth Certificate):		**Document recorded by** (name of staff member):	
Date document recorded (dd/mm/yyyy):		**Date application completed** (dd/mm/yyyy):	

2. Please give details of all persons with **parental responsibility**

Parent/Carer Name:		**Relationship to child:**	
Home address (if different to child)		**Contact number:**	
DOB:		**NI Number or NASS number**	
Medical Condition e.g. Asthma, diabetes etc			
Parent/Carer Name:		**Relationship to child:**	
Home address (if different to child)		**Contact number:**	
DOB:		**NI Number or NASS number**	
Medical condition e.g. Asthma, diabetes etc			

3. Please give details of any **brothers or sisters**

Name	Date of Birth	Name	Date of Birth

4. Please give details of **at least 3 persons who you wish to be contacted in an emergency. Place them in the order you wish them to be contacted.**

Name & Relationship to child	Daytime contact address & Phone/ Mobile Number(s)/ Email address

5. Please give details of any **previous setting(s)** attended (if applicable)

Name of setting:		**How long child attended:**	
Key Person:		**Telephone Number:**	
Address:		**Post Code:**	
Reason for leaving:			
Please sign to give consent to share information with additional setting(s) about your child:			

6. Child's medical information

Name and address of Doctor:		**Contact Number:**	
Name of Health Visitor:		**Contact Number:**	
Date of 2 year check:		**Are your child's immunisations up to date:**	**Yes / No**
Child's NHS number:		**Is child registered with a dentist:**	**Yes / No**
Medical Conditions: Please give details of any ongoing illness, or special needs, e.g. hearing loss, poor vision, speech difficulties, asthma etc.			

First Language: (Language spoken to child in the home environment)			
Religion:		**Ethnicity:**	

Form completed by _____

I confirm that I have sought the agreement of each of the above named individuals to be named as an emergency contact for …….. and their consent before sharing their personal data as set out above with St James' CofE Primary School for this purpose.

Signature…… Date……

St James' CofE Nursery - Funded Session Request Form

Some **two- year olds are entitled to 15 hours of free early education**. If your child is eligible, you can start claiming free childcare **the term after your child turns two**. The date you can claim will depend on when their birthday is.

Child turns 2 in the period	Application period	Will become eligible for a 2yr funded place
1st April to 31st August	1st July -31st August	1st September (Autumn Term)
1st Sept to 31st Dec	1st Nov – 31st Dec	1st January (Spring Term)
1st Jan to 31st March	1st Feb – 31st March	1st April (Summer Term)

In addition, at St James' CofE Nursery we also accept **children before the 'free funding'** begins, with a **fee of £15:00 per session**.

For eligibility criteria, please speak to a member of staff or visit:
http://fis.wigan.gov.uk/kb5/wigan/fsd/advice.page?id=AnF38NOPnkc for more information.

Please select your preferred sessions on the table below:

Morning Sessions – 15 Hours Monday – Friday **08:45 – 11:45**	
Or	
Afternoon Sessions – 15 Hours Monday – Friday **12:30 – 15:30**	

Child's name _____ Signed(parent/Carer)_____