



**NURSERY ADMISSION INFORMATION FORM**



**Child Information**

**First name**.....**Middle name(s)**.....

**Surname**.....

**Birth Certificate seen - YES/NO**    **Male/Female**                      **Date of birth**.....  
PLEASE PROVIDE A COPY OF THE BIRTH CERTIFICATE

**Child likes to be called**.....**Pronunciation**.....

**Home address**.....  
.....

**Post code**.....**Telephone no**.....

**Family Information**

**1. Name of mother: Mrs/Miss/Ms**  
**First name**.....**Surname**.....

**Address**.....

**Post code**.....**Email address**.....

**Occupation and hours**.....

**Tel Nos: Home**.....**Work**.....**Mobile**.....

**DO YOU HAVE LEGAL RESPONSIBILITY AS A PARENT / GUARDIAN? YES / NO**

**2. Name of father/partner:**  
**First name**.....**Surname**.....

**Address (if different to above)**  
.....

**Post code**.....**Email address**.....

**Occupation and hours**.....

**Tel Nos. Home**.....**Work**.....**Mobile**.....

**DO YOU HAVE LEGAL RESPONSIBILITY AS A PARENT / GUARDIAN? YES / NO**

**Pupil Premium Check: Please provide your national insurance number and date of birth –**

**Mother: National Insurance No**.....**Date of birth**.....

**Father: National Insurance No**.....**Date of birth**.....

Is your child a 'looked after child' via the Local Authority Children's Services?

YES / NO

If yes, which Local Authority?.....

Is your child privately fostered? YES / NO

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**Additional Information:**

Child's first language at present..... Is English understood/spoken? YES /NO

Do you speak another language at home? If so, please advise.....

The most useful written language for the family is.....

Is an interpreter needed for us to communicate with parents/carers? YES / NO

Ethnic origin.....

Preferred language.....

Religion/culture/festivals celebrated.....

**Names and ages of brothers/sisters:**

Name..... Age.....

Name..... Age.....

Name..... Age.....

**IMPORTANT CONTACTS**

We require details of **two** people (**NOT YOURSELVES**) who we can contact in an emergency and can get to the Centre within 30 minutes.

**1.**

Name.....

Address.....

Postcode.....

Telephone Nos.

Home.....Mobile.....Work.....

Relationship to child..... Known to the child as.....

**2.**

Name.....

Address.....

Postcode.....

Telephone Nos.

Home.....Mobile.....Work.....

Relationship to child..... Known to the child as.....

**PASSWORD**.....

(We require an agreed password for identification purposes)

**IS THERE ANYONE WHO IS NOT TO COLLECT YOUR CHILD?**

Please detail below:

.....

**Health Information**

Name of Doctor.....

Practice Address.....

Tel no.....

Name of Health Visitor.....

Does your child have any allergies? .....(Please give details).....

What is your child’s reaction to this allergy?.....

What should we do?.....

Any health problems/information:

Special dietary needs for medical/religious reasons:

Are you in receipt of Disability Living Allowance for your child?.....

Are there any other professionals involved with your child? ie. Paediatrician, Social worker, Speech and Language Therapist. If so, please give details below:

Name(s): .....

Agency: .....

Contact details:

**Attendance Information**

Will your child be attending any other early years setting during their time here? YES / NO

What have they attended in the past?.....

We welcome parental involvement. Is there any way in which you feel you would like to be involved?

Child’s intended Primary School.....

To whom do you pay Community Tax – Reading or West Berkshire?

**Declarations of Consent**

Should any urgent matters of concern arise, I/we give permission for my/our child to be given emergency treatment as necessary, and/or contact to be made with the appropriate medical/health/social services authorities.

Signed..... date.....

Information is correct to the best of my knowledge

Would you like information regarding Working Families Tax Credit/Other? .....

Child’s name.....Date of birth.....

HOW DID YOU HEAR ABOUT NORCOT? .....



## Expression of interest

❖ **Part-time Nursery Education funded place 15 hours per week**

3 hours per day for 3 to 5 year olds – 5 days per week

What hours would you prefer for your child?

**AM** 8.30 to 11.30 **OR**  **PM** 12.30 to 3.30

2.5 days (Mon/Tue all day & Wed AM **or** Wed PM, Thur/Fri all day)\*

\* Lunch club fee will apply

❖ **Part-time Nursery Education funded place plus additional services e.g. breakfast and tea clubs (fees payable)**

○ **Breakfast Club** for which there is a charge 8.00am to 8.30am

○ **Lunch Club** for which there is a charge from 11.30am to 12.30pm  
Please provide a packed lunch.

○ **Snack Club** for which there is a charge 3.30pm to 4.30pm.

○ **Tea Club** for which there is a charge from 3.30pm to 6.00pm.

❖ **Nursery Paid-For place** – In addition to your part-time place we can offer additional nursery sessions.

❖ **Full time nursery place 30 hours per week**

Please state your DERN code \_\_\_\_\_

Please tick above additional services if required

Our website address is: [www.norcotearlyyearscentre.co.uk](http://www.norcotearlyyearscentre.co.uk)

Our email address is: [admin@norcot.reading.sch.uk](mailto:admin@norcot.reading.sch.uk)