



Nursery Admissions Form

(To be completed by adult with parental responsibility)

Child's Details

First names: _____ Preferred first names: _____

Legal surname: _____ Preferred surname (if different): _____

Home Address: _____

Town: _____ Postcode: _____

This address is: Permanent ☐ Temporary ☐

Date of Birth: _____ Boy ☐ Girl ☐

Nationality: _____ Country of Birth: _____

Religion: _____ Pupils first language: _____

Language(s) spoken at home: _____

Is your child a 'looked after child' or a previously 'looked after child'? Yes ☐ No ☐

If yes, please give the name of the authority: _____

Photo Permissions:

☐ **Learning Journey** - This is a very important document that will record your child's progression throughout their time at our setting. This is only shared with yourself, your child, Nursery staff, Ofsted and your child's prospective Foundation Stage Teacher.

☐ **Photograph Pupil** - Photographs taken at School/Nursery events and may be used by the School/Nursery or local newspaper for publicity purposes (including online).

☐ **School Photos** - Individual and class photos taken at school by a professional photographer and available for purchase by pupils' parents/carers.

Does your child have any brothers or sisters? If yes, please give details Yes ☐ No ☐

Are they attending St Philip's Catholic Primary School?

Yes ☐

No ☐

Does your child have Special Educational Needs?

Yes ☐

No ☐

Any further information: _____

Does your child have contact with any outside agencies e.g. Children's Centre Keywork, Speech Therapy, Social Services, Early Years Special Need Support, Early Years Emotional and Behavioural Intervention Service?

Yes ☐ No ☐ If yes, please specify which agency (s) you have contact with:

Does your child attend another day care setting (Nursery, Childminder)? Yes ☐ No ☐

Please list any previous Nurseries/ Childminders:

Name and Address	Dates attended from and to	Reason for leaving

Medical Details

We need to know about any medical conditions your child may have. Please tick relevant boxes.

Asthma	<input type="checkbox"/>	ADHD	<input type="checkbox"/>	Colour Blindness	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	ASD	<input type="checkbox"/>	Eyesight problems	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>	Hearing problems	<input type="checkbox"/>
Hayfever	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>

Other (please specify): _____

Are there any other illness or conditions that we should be aware of? Yes ☐ No ☐

If yes, please specify here (please continue on a separate sheet if necessary):

Does your child require any ongoing medication? Yes ☐ No ☐

If yes, please give clear information about the name of the medication, strength and dose, even if it is not required during Nursery hours:

Does your child wear corrective glasses? Yes ☐ No ☐

Does your child have any allergies or dietary needs that we should be aware of? Yes ☐ No ☐

If yes, please specify here:

I/we consent to my child receiving emergency hospital treatment should it be considered necessary and to a member of Nursery/School staff signing the consent form if I am/ we are unable to be contacted.

1) Signed: _____

Relationship to child: _____ Date: _____

2) Signed: _____

Relationship to child: _____ Date: _____

Name of Doctor:

Practice Name and Address:

Telephone number: _____ Town: _____

Postcode: _____

Sun Cream Consent

I/we consent to my child having assistance in applying sun cream during the day in sunny weather. I/we will ensure that we apply sun cream to my/our child before attending Nursery.

1) Signed: _____

Relationship to child: _____ Date: _____

2) Signed: _____

Relationship to child: _____ Date: _____

Nappy Changing/Toilet Training Consent

I/we consent to my child having their nappy changed and/or being assisted with their toilet training.

1) Signed: _____

Relationship to child: _____ Date: _____

2) Signed: _____

Relationship to child: _____ Date: _____

Parent/Carer Details

Parent/Carer Details (1)

Mr/Mrs/Ms/Miss/Other: _____

Surname: _____

First Name: _____

Relationship to child: _____

Address (if different to one given above):

Town: _____

Postcode: _____

Home phone number: _____

Work phone number: _____

Mobile: _____

Email: _____

First language: _____

Parent responsibility: Yes ☐ No ☐

Should correspondence be addressed to
address? Yes ☐ No ☐

Do you have any skills you would be happy to share with the children at Nursery if contacted?

Yes ☐ No ☐ If yes, please give details:

Parent/Carer Details (2)

Mr/Mrs/Ms/Miss/Other: _____

Surname: _____

First Name: _____

Relationship to child: _____

Address (if different to one given above):

Town: _____

Postcode: _____

Home phone number: _____

Work phone number: _____

Mobile: _____

Email: _____

First language: _____

Parent responsibility: Yes ☐ No ☐

Should correspondence be addressed to this
this address? Yes ☐ No ☐

Are you Asylum Seekers? Yes ☐ No ☐

Are you Travellers? Yes ☐ No ☐

Is an interpreter required? Yes ☐ No ☐

Emergency Contact Details
(in priority order)

Priority	Full name	Landline number	Mobile number	Relationship to child
1				
2				
3				
4				

Will you be collecting your child from Nursery? Yes ☐ No ☐

If no, please detail any permanent arrangement for collection:

Full name	Relationship to child	Phone number

Parental Declaration

The details supplied on this form are correct to the best of my knowledge. I understand that the Headteacher must be informed of any changes which might affect my child's education.

Signed: _____ Parent/Carer (1) Date: _____

Signed: _____ Parent/Carer (2) Date: _____

Please return this form to the Office.

St Philips Catholic Primary School
New Town
Uckfield
East Sussex,
TN22 5DJ

 01825-762032
 office@Stphilips.e-sussex.sch.uk

EARLY YEARS PUPIL PREMIUM - Voluntary Registration

We need information about you and your child, to provide the best education and support by making sure we receive all the government funding to which we and your child are entitled.

ABOUT YOUR CHILD/CHILDREN

Child's Last Name	Child's First Name	Child's Date of Birth			Name of preschool, nursery, childminder

PARENT/GUARDIAN DETAILS

	Parent/Guardian 1										Parent/Guardian 2									
Last name																				
First Name																				
Date of Birth	D		M			Y					D		M			Y				
National Insurance Number*																				
National Asylum Support Service (NASS) Number*			/			/							/			/				
Daytime Telephone Number																				
Mobile Number																				
Address																				
	Postcode:										Postcode:									

*Complete as appropriate

Data Protection Act

Personal information that you have provided will be used carefully and may be held on computer systems at the Nursery/School and in the Children's Services Department. These uses of personal information are covered by registration under the data protection legislation. Under this legislation you have the right to obtain a copy of the information we hold about you. The admissions booklet gives more detailed information about the use of this data.