

St John's Primary School Victoria Road **Knaphill** Woking Surrey **GU21 2AS**

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NURSERY APPLICATION FORM Child's Details: Surname: First Name: Date of Birth: Male or Female: Home Address: Post Code: Country of Birth: Nationality: First Language Spoken at Home: Additional Language(s) Spoken at Home: Religion: Ethnicity: Parent / Guardian Details: Full Name: Title: Mrs/Miss/Ms (please delete) Relationship to child: Address (if different from child's address): Post Code: Home Number: Work Number: Mobile Number: Email: Parent / Guardian Details: Title: Full Name: Relationship to child: Address (if different from child's address): Post Code: Home Number: Work Number: Mobile Number: Email: If you are not the child's parents but are Guardians to the child or have custody, please complete this section: Name of Natural Mother: Name of Natural Father: Contact Address: Contact Telephone Number(s): If your child has been attending a Nursery, please state the Nursery details: **Nursery Name:** Address: Postcode:

Siblings:			
Name of Brother / Sister	Date of Birth	Schoo	l Attending
Medical Information:			
Please give details of any known difficulties in early development or major illnesses?			
Does your child have any know	vn problems in the following	? (please cir	·cle)
Haaring, Van Na	Classes	own. Voc	No
Hearing: Yes No Vision: Yes No	Glasses w		No No
Speech: Yes No	Hearing A Colour Bli		No
Speech. Tes No	Colour bii	iiu. 163	NO
Has your child been diagnosed	with any of the following?	(please cir	rela)
has your crillo been diagnosed	i with any of the following:	(pieuse cii	ciej
Diabetes: Yes No	As	thma: Yes	No
Heart Condition: Yes No		ilepsy: Yes	_
Allergies: Yes No			
If yes, please state what and how it is controlled:			
Does your child need any medication in school? Yes No (please circle)			
If yes , please state what:			
Special Educational Needs:			
Is your child being monitored through the S.E.N. Code of Practice? Yes No (please circle)			
Please indicate below when you would like your child to start nursery:			
Little Bears Nursery (for 2-3 year olds) – Eligible to start the term after their 2nd birthday			
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Autumn (September) Spring (January) Summer (April) Year			
Please tick if you think you are eligible for FEET Funding			
Flease tick if you think you are engine for FLL1 Funding			
OR			
Bears Nursery (for 3-4 year olds) – Eligible to start the term after their 3rd birthday			
Autumn (September) Spring (January) Summer (April) Year			
Autumin (September) Spring (January) Summer (April) Fear			
Mon - Wed (15 hours) Wed-Fri (15 hours) Full-time (30 hours)			
Diago tiek if you think you are cligible for Free Cabacil Marie			
Please tick if you think you are eligible for Free School Meals Please tick if you think you are eligible for up to 30 hours funding			
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