

St John's Primary School Victoria Road Knaphill Woking Surrey GU21 2AS Tel: 01483 476450 email: <u>admin@stjohnsknaphill.co.uk</u> www.stjohnsknaphill.co.uk

NURSERY APPLICATION FORM

Child's Details:				
Surname:	First Name:			
Date of Birth:	Male or Female:			
Home Address:				
	Post Code:			
Nationality:	Country of Birth:			
First Language (Spoken at Home):				
Additional Language(s) (Only if used re	gularly):			
Religion:	Ethnicity:			
-				
Parent/Carer 1 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/Carer 2 Details:				
Full Name:	Title:			
Relationship to child:				
Address (if different from child's address)	:			
	Post Code:			
Home Number:	Work Number:			
Mobile Number:				
Email:				
	uardians to the child or have custody, please complete this section:			
Name of Natural Mother:				

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	School Attending

Medical Information:

Please give details of any known difficulties in early development or major illnesses?

<u>Does you</u>	r child	have any known p	problems in the following? (plea	ase cir	cle)
Hearing:	Yes	No	Glasses worn:	Yes	No
Vision:	Yes	No	Hearing Aid worn:	Yes	No
Speech:	Yes	No	Colour Blind:	Yes	No

Has your child bee	en diag	nosed with any of the follo	wing? (ple	ase circ	cle)
Diabetes :	Yes	No	Asthma:	Yes	No
Heart Condition:	Yes	No	Epilepsy:	Yes	No
Allergies:	Yes	No			
If yes, please state	e 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:

Ladybirds Nursery (for 2-3 year olds) (Eligible to start the term after their 2nd birthday)
Autumn (September) Spring (January) Summer (April) Year 202
Please tick if you think you are eligible for FEET Funding
OR
Butterflies Nursery (for 3-4 year olds) (Eligible to start the term after their 3rd birthday)
Autumn (September) Spring (January) Summer (April) Year 202
Mon - Wed (15 hours) Wed-Fri (15 hours) Full-time (30 hours)
Please tick if you think you are eligible for Free School Meals