

## St Pauls Nursery School Application Form

Sims

Register

Contact Info

Start Date

IPNS

eStart

Date Application Completed..... Completed by.....

<b>Child's First Name:</b>	<b>Child's Last Name:</b>	<b>Date of Birth:</b>
		<b>Male / Female</b>
<b>Child's Home Address:</b>		
<b>Postcode:</b>		
<b>Telephone Numbers:</b> Home -  Mobile -  Work -	<b>Email Address:</b>	
<b>Name of Parent/Carer with whom child lives:</b>		
<b>Date of Birth:</b>		
<b>Medical Conditions:</b>	<b>Does your child have any additional needs? Is there anything else that you would like to tell us about your child or family?</b>	
<b>Allergies:</b>		
<b>Would you prefer: OPTION A/OPTION B/30 Hours (please circle which you would prefer)</b>		
<b>OPTION A</b> Monday 8.45am-3.00pm Tuesday 8.45am-3.00pm Wednesday 8.45am-11.15am	<b>OPTION B</b> Wednesday 12.30pm-3.00pm Thursday 8.45am-3.00pm Friday 8.45m-3.00pm	
<b>30 Hours(eligibility applies – please ask at reception)</b> 8.45am – 3.00pm Monday – Thursday 8.45am – 1.45pm Friday	<b>Will you need any additional paid day care hours or holiday club?</b>	

**Ethnic Origin (Please tick the category which best describes your child)**

Bangladeshi	<input type="checkbox"/>	Other Black African	<input type="checkbox"/>	White + Black Caribbean	<input type="checkbox"/>
Black- Somali	<input type="checkbox"/>	Traveller White Irish	<input type="checkbox"/>	White + Black African	<input type="checkbox"/>
Black- Caribbean	<input type="checkbox"/>	White – British	<input type="checkbox"/>	Any other Asian	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	White – Irish	<input type="checkbox"/>	Any other Black	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>	White – Eastern European	<input type="checkbox"/>	Any other Ethnic Group	<input type="checkbox"/>
Indian	<input type="checkbox"/>	White – Western European	<input type="checkbox"/>	Any Other Mixed	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	White + Asian	<input type="checkbox"/>	Refused	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Other Black African	<input type="checkbox"/>	White + Black Caribbean	<input type="checkbox"/>

**Child's First Language** Please tick

Arabic

English

Panjabi

Polish

Somali

Urdu

Other (Please Specify)

**Language mainly spoken at home**

Do you speak English as well? Skip if English is language above

Yes

No

**National Identity** Please tick

British

English

Irish

Scottish

Welsh

Other

Refused

**Are you a Refugee or Asylum Seeker?**

Refugee

Asylum Seeker

Not applicable

**What is your Religion?** Please tick

Buddhist

Christian

Hindu

Jewish

Muslim

Rastafarian

Sikh

No religion

Other Religion

**Access Needs:** Do you need any help to access our school information?

**Workless Households** (tick the statement which you consider applies)

Currently nobody in my household is working

Somebody in my household is currently working

**Do you consent to receiving information about activities and up and coming events from St Pauls Nursery School and Children's Centre (\*delete as appropriate) YES/NO\***

Parent's Signature:.....