

All Saints C of E Infant & Nursery School

Opening hearts and minds through the grace and love of God



Executive Head Teacher: Mrs J Redfern
Acting Head Teacher: Ms L Hardwick
Dept Head Teacher: Miss K Woods

07833263226
nursery@huthwaite.snmatt.org.uk
www.huthwaite.snmatt.org.uk
All Saints Centre, Common Road,
Huthwaite, Sutton-in-Ashfield,
NG17 2JT

Nursery Admission Form

Please complete this form as fully and accurately as possible. It is really important that we have the most up to date information on your child whilst they are in our nursery setting.

Once complete, please return to the nursery unit as soon as possible, or on your child's first day in nursery along with a copy of their birth certificate for verification.

All information will be kept strictly private and confidential under the GDPR guidelines.

Please complete in **BLOCK CAPITALS**.

Child's Legal Forename: _____

Middle Name(s): _____

Child's Legal Surname: _____

As it appears on birth certificate.

Office Use: Birth Certificate seen on: _____

Chosen Name: _____

Date of Birth dd/mm/yyyy: ____/____/____ Gender: M ☐ F ☐

Home Address _____

Postal Code _____

If any of the following apply to your child, please tick the relevant box:

Parent in the Armed Services ☐

Traveller ☐

In Care or ever been in Care ☐ If so, which Local Authority: _____

Special Educational Needs (SEN) ☐

Social Worker allocated ☐ Child in Need / Child Protection Plan in place ☐

Child entitled to Free School Meals (FSM) (NB: Not Universal Infant FSM) ☐

Please check <https://www.gov.uk/apply-free-school-meals> for further information and to check eligibility.

Any Siblings in the family home: *(Please list full names and age)*

Previous Nursery Attended (inc. Address & Tel No): _____

Password to be used when a person is to collect your child who is NOT on our emergency contact list:

Medical Information

Current Doctors Surgery: _____

Address/Tel No. of Surgery: _____

Does your child have any known allergies: Yes ☐ No ☐

If yes, please state and provide us with a copy of any doctor/hospital letters for their file:

Does your child suffer with Asthma: Yes ☐ No ☐

If yes, do they require an inhaler in nursery: Yes ☐ No ☐

If yes, please ensure an Asthma Registration Form is completed and an inhaler/spacer is provided into nursery at your earliest convenience. This should be new, in date and have your child's name on it.

Does your child have any other medical conditions or disabilities we need to be aware of:

Yes ☐ No ☐ If Yes, please give further details below:

Does your child have any dietary requirements that we need to be aware of:

Yes ☐ No ☐ If Yes, please give further details below:

If yes, then please ensure a E46 dietary form is completed and provided to the nursery at your earliest convenience. Until a form has been handed in and a meeting has been conducted with the Nursery Lead, we are unable to make any changes to their file.

Parent / Carer Details

Parent/Carer 1 Contact Details *This will be the first person we will contact in an emergency.*

Full Name inc. Title: _____

Relationship to child: _____

Home Address: Same as child ☐

If different, _____

please specify where: _____

Daytime /Work Phone: _____

Mobile Number: _____

Home Phone: _____

Email: _____

Does this person have Parental Responsibility: Yes ☐ No ☐

Are you a single parent family: Yes ☐ No ☐

Parent/Carer 2 Contact Details

Full Name inc. Title: _____

Relationship to child: _____

Home Address: Same as child ☐

If different, _____

please specify where: _____

Daytime /Work Phone: _____

Mobile Number: _____

Home Phone: _____

Email: _____

Does this person have Parental Responsibility: Yes ☐ No ☐

Are you happy for this person to collect: Yes ☐ No ☐

Are you happy for this person to be contacted in an emergency after Contact 1: Yes ☐ No ☐

Is there any court order in place for this child relating to the above parents/carers?

Yes ☐ No ☐

If yes, please ensure the original court order is shown to the Nursery Lead as soon as possible so we can update the child's details accordingly.

Other Emergency Contacts

In case of an emergency and when we cannot get in contact with the main parents/carers of the child, we need an additional contact(s) for us to use. Please provide details of any other person you are happy for us to contact in this instance.

Emergency 1 Contact Details

Full Name inc. Title: _____

Relationship to child: _____

Home Address: _____

Daytime /Work Phone: _____

Mobile Number: _____

Home Phone: _____

Are you happy for this person to collect: Yes ☐ No ☐

Emergency 2 Contact Details

Full Name inc. Title: _____

Relationship to child: _____

Home Address: _____

Daytime /Work Phone: _____

Mobile Number: _____

Home Phone: _____

Are you happy for this person to collect: Yes ☐ No ☐

Emergency 3 Contact Details

Full Name inc. Title: _____

Relationship to child: _____

Home Address: _____

Daytime /Work Phone: _____

Mobile Number: _____

Home Phone: _____

Are you happy for this person to collect: Yes ☐ No ☐

Ethnicity Information

As a nursery, we require additional information on your child to provide them with the best support possible whilst they are with us at our nursery setting. It would be very beneficial for us if you could complete the below information as accurately and up to date as possible.

Please put a tick next to the relevant section that best describes your child:

Ethnic Origin

Any other Asian background	Gypsy/Roma
Any other Black background	Indian
Any other Ethnic group	Pakistani
Any other Mixed Background	Traveller of Irish heritage
Any other White background	White & Asian
Bangladeshi	White British
Black African	White Irish
Black/Caribbean	White/Black African
Chinese	White/Black Caribbean
Wish to not disclose	

Religion

Buddhist	Muslim
Christian	No Religion
Hindu	Other Religion
Jewish	Sikh
Wish to not disclose	

Home Language

Albanian/Shqip	Hebrew	Spanish
Arabic	Hindi	Swedish
British Sign Language	Italian	Turkish
Chinese	Japanese	Urdu
Danish	Korean	Welsh/Cymraeg
Dutch/Flemish	Kurdish	
English	Luganda	Other- Please specify:
French	Norwegian	_____
Gaelic/Irish	Panjabi	_____
German	Polish	
Greek	Portuguese	Wish not to disclose
Gujarati	Russian	
Romany/English Romanes	Serbian/Croatian/Bosnian	

First Language: _____

Country of Birth: _____

Nationality (as stated on passport): _____