

# AMBLE LINKS FIRST SCHOOL – NURSERY APPLICATION FORM



Child's Full Name:	Gender:
Date of Birth:	Religion:
Address:	Main Language Spoken:
Postcode:	Ethnic Origin:
Email address:	

## CONTACT DETAILS

In order of call preference please give full name and details of parents and other responsible adults who can be contacted in case of an emergency.

Name	Relationship to Child	Home contact number	Mobile contact number

## PLEASE GIVE DETAILS OF PREVIOUS CHILDCARE /NURSERY PROVISION ATTENDED

(we will seek information from any providers to ensure the smoothest possible transition for your child)

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## IMPORTANT

Please give details of any **MEDICAL CONDITIONS, MEDICAL HISTORY or ALLERGIES** that your child has. It is vital we have this information as early as possible to ensure that we are able to provide the appropriate level of support for your child.

Name of First School that child is expected to attend .....

(This information is to help us to predict future numbers)

Please circle preferred choice of session

**MORNING (8.45am – 11.45am)**

**AFTERNOON (12.15pm -3.15pm)**

**EITHER**

(We will try to accommodate your preference but we cannot guarantee this.)

**PLEASE PROVIDE US WITH ANY OTHER RELEVANT INFORMATION YOU FEEL WILL BE USEFUL FOR US TO KNOW (involvement with Children's Services or other support services**

**Declaration:**

- I confirm that I have received and read a copy of Amble Links First School's Nursery Admissions Policy.
- I understand that receiving a place in nursery does not automatically entitle my child to a place in the Reception class at Amble Links First School.
- I understand that if a nursery place is secured, good attendance is expected.

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_