



Nursery Application for Camp Primary & Nursery School



PLEASE USE BLOCK CAPITALS			
CHILD DETAILS			
First name:			
Middle name:			
Family name:			
Date of Birth:	/	/	Gender: M/F
NHS number:	_ _ _ / _ _ _ / _ _ _ _		
Your relationship to the child: (e.g. mother/father/carer/stepmother/father/ social worker)			
Your child's permanent address (at time of application)			
Address:			
	Post Code		
Children in Public Care Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order?			Yes/No
At risk Is your child, or a sibling of your child, subject of an inter-agency child protection plan and has been placed on the Child Protection Register? (Please provide evidence with this form)			Yes/No
Social or medical reasons Do you have a particular medical or social need to go to this school? (Please provide supporting evidence with this form)			Yes/No
Special Educational Needs Does your child have a Statement of Special Educational Needs or Educational Health and Care Plan (EHCP)?			Yes/No
If you have other children at this school, enter their name and date of birth:			Name: DOB:
Has your child attended or is attending an early years setting? Yes/No	Name of setting(s):		
Choice of Sessions			Tick below to select
Option 1	Morning, 8.30 – 11.30am OR Afternoon 12.30 – 3.30pm		
Do you have a preference for Morning or Afternoon? We will do our best to accommodate your preference but this cannot be guaranteed.			Morning (tick) <input type="checkbox"/> or Afternoon (tick) <input type="checkbox"/>
Option 2	30 hour all day place, morning and afternoon		
If applying for 30 hours free childcare, please provide your HMRC code:			

PARENT DETAILS – Please complete the details for both parents even if living at the same address		
	Parent/Carer 1 - details	Parent/Carer 2 - details
Surname:		
DOB:		
National Insurance Number:		
National Asylum Support Service (NASS) Number (if applicable):		
Address:		
Email address: IMPORTANT- This will be used for your offer of a place		
Telephone numbers	Home: Mobile:	
I confirm that the above details are correct to the best of my knowledge. I agree that, in applying for a place at Camp School Nursery, I understand that the school will be the primary provider for the universal 15 hours. The completion of this form does not guarantee a place in the Nursery.		
Signature of Parent/Carer:		
OFFICE USE ONLY:		
	Date received: Distance: Within usual age range for Nursery? YES / NO	

