**Dee Point Primary School Application for a Nursery Place**

**All sections must be completed. Thank you.**

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| Child’s Full Name: | DOB:Male/Female: | Nursery Start Date: |
| Mother’s Name:Father’s Name: |
| **CONTACT INFORMATION** |
| Address:Post Code: |
| Telephone NumbersMother:Father:Other in case of emergency: |
| Email: |
| **MEDICAL INFORMATION** |
| Does your child suffer from any allergies or health conditions we should know about? Yes/NoIf yes, please give details:Do you claim Disability Living Allowance for your child? Yes/No | Does your child require any medication to be administered whilst in Nursery? Yes/NoIf yes, please give details: |
| **OTHER INFORMATION** |
| Does your child have any siblings? Yes/NoIf yes, what are their names, ages and which school do they attend? | Is there any other relevant information you feel we should be aware of? Yes/NoIf yes, please give details: |
| **Preferred Nursery Sessions - Please indicate 1st choice and 2nd choice** |
| 1. All Day Mon, Tues and Wed Morning

 2) Wed Afternoon, all day Thurs and Fri This will be confirmed when a place is offered. | Would you be eligible for 30 hour Funding? (We offer a limited number of 30hr places for those who are eligible, please see attached form if you are unsure)Yes/NoWould you require 30 hours? Yes/No |

Please inform school if you move address before your child is due to start as this may affect eligibility for a place.