Thornton Heath Nursery School Application Form 2 Year Old Ladybird Class



2 year funding eligibility Start term		Attendance options (please circle)				
Checked by: (please sign/ date)		АМ	PM	PT(Paid)	FT Paid	2yr

Morning Sessions	Afternoon Sessions	Full-time Sessions
Monday to Friday (8.30am-	Monday to Friday (12.30pm-	Monday to Friday
11.30am)	3.30pm)	(8.30am-3.30pm)

11.50aiii)	3.30pm)	(6.30am-3.30pm)
Do you qualify for 2 year old f	unding? Please check at: https://v	www.familyspacecroydon.co.uk/
Child's full name:		
Child's date of birth:		
Date of registration:		
Office checklist		
Child's details added on SI	MS?	
Child added to Target Trac	cker?	
SEND? (If yes, briefly state	e needs)	
EAL / home language		
Medical needs?		
Dietary requirements?		
No photo on website / soc	ial media & video	
Outstanding information ne	eeded:	

UPN number: _____

Child's details, as shown on birth certificate (must be the original, full version)			
Child's <u>full</u> name:			
Child's preferred name (to be used in nursery):			
Male or female (please circle)	Child's date of birth:		
Mother's full name:			
Father's full name:			
Who has parental responsibility? (please	circle) Mother Father Joint	Country of birth:	
Birth certificate checke	ed by:	Date:	

Parent/ Carer Details			
Parent 1 name: (Mr, Mrs, Miss, Ms) please circle	Parent 2 name: (Mr, Mrs, Miss, Ms) please circle		
Parent 1 address:	Parent 2 address:		
Borough lived in:	Borough lived in:		
Temporary housing: Yes / No	Temporary housing: Yes / No		
Parent 1 mobile number:	Parent 2 mobile number:		
Home number:	Home number:		
Email (please print clearly):	Email (please print clearly):		
Parent 1 status: Employed (full-time or part-time) Un-employed In education (full-time or part-time) Lone parent Registered disabled Other	Parent 2 status: Employed (full-time or part-time) Un-employed In education (full-time or part-time) Lone parent Registered disabled Other		

Child's Medical and Health Information
Does your child have any dietary requirements? For example: halal, vegetarian, no fish, gluten intolerance
Does your child have any allergies? For example: hayfever, dairy, nuts
Does your child have any medical conditions or use regular medication? For example: asthma- uses an inhaler, eczema- uses cream
Do you have any concerns about your child's development, or do they have any Special Educational Needs and/or Disabilities?
Has your child been involved with or seen any other professionals? For example: speech therapist, paediatrician, portage, behaviour support
Name of GP practice:
NHS number:
Personal child health record (red book) YES / NO
Do you have refugee or asylum seeker status?

Child and Family Information			
Does your child have any brothers or sisters? If yes, please provide dates of birth/ schools attended.			
What setting has your child been in prior to THNS? For example: at home with family, childminder, other nursery setting (please include dates)			
What is your child's eating like? For example: fussy eater, uses a spoon			
What are your child's toileting needs? > Nappies?			
> Toilet trained?			
Is your child in the care of a Local Authority (known as 'Looked After'), have you received support from Social Services or a Family Support Worker? <i>If yes, then please provide name and contact details.</i>			
How would you travel to THNS? Please circle			
Walk Bicycle Car Bus Tram Train Other			

Child's Ethnicity, Language and Religion

Child's name:
ETHNICITY
Our ethnic background describes how we think of ourselves. This may be based on many things including, for example, our skin colour, language, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.
The 'Information Commissioner' (formerly the Data Protection Registrar) recommends that young people aged 11 years old have the opportunity to decide their own ethnic identity. Parents or those with parental responsibility are asked to support or advise those children aged over 11 in making this decision, wherever necessary. Pupils aged 16 or over can make this decision for themselves.
This information was provided
<u>by</u> : Parent
Pupil
White () British () Irish () Traveller of Irish heritage () Gypsy / Roma () Any other white background
Mixed () White and Black Caribbean () White and Black African () White and Asian () Any other mixed background
Asian or Asian British () Indian () Pakistani () Bangladeshi () Any other Asian background
Black or Black British () Caribbean () African () Any other Black background
 () Chinese () Any other ethnic background () I do not wish an ethnic background category to be recorded

Information provided will be used for registered purposes under the Data Protection Act 1998 and GDPR 2018

LANGUAGE

		age your child has been brought up by and
hears / speaks at home)	:	
☐ Yes ☐	No	
If no, what is your child'	s <u>first</u> language?	
	(please name the language)
Has your child grown up	hearing and speaking more	than one language at <u>home</u> ?
Yes	No	
If yes, please write the r	name(s) of the <u>home</u> languag	ge(s)
I do not wish to a	answer the above.	
RELIGION		
Please tick one box only		
() Baptist	() Buddhist	() Church of England (CofE)
() Calvinist	() Congregational	() Greek Orthodox
() Hindu	() Jewish	() Methodist
() Muslim	() Quaker	() Roman Catholic
() Russian Orthodox	() Seven Day Adventist	() Sikh
() No Religion	() Other	(please name)
() I do not wish to answ	wer the above.	

The information collected in this form will help schools, the Local Education Authority and Government to ensure fairness in educational provision. Any information you provide will be used solely to compile statistics on the school and experiences of pupils from different backgrounds to help ensure that all pupils have the opportunity to fulfil their potential. From time to time the information will be passed on to the Local Education Authority and the Department for Education (DFE) to contribute to local and national statistics. The information will also be passed on to future schools so in most cases you will not be asked for it again.