

**Application & Admissions Form**

If you need help with this form please contact a member of staff.

Please complete all sections using BLOCK CAPITALS.

**1. Child Details**

4 Broomhall Road, Sheffield S10 2DN

Tel: 0114 2721453

Email: info@broomhallunder3s.co.uk

|  |  |
| --- | --- |
| First Name(s): | Surname: |
| Date of Birth: | Boy  Girl |
| Address:  Postcode: | |

**2. Parent/Carer Details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Parent/Carer 1 | | | Parent/Carer 2 | | |
| Title *e.g. Mr/Mrs/Ms/Miss/Dr* |  | | |  | | |
| First & Second Name |  | | |  | | |
| Date of Birth |  | | |  | | |
| Address  *If different from child* |  | | |  | | |
| Home Telephone |  | | |  | | |
| Mobile Telephone |  | | |  | | |
| Work Telephone |  | | |  | | |
| Email |  | | |  | | |
| Relationship to child |  | | |  | | |
| Has Parental Responsibility | Yes  No | | | Yes  No | | |
| NI Number |  | | |  | | |
|  | | | | | | |
| Other family members/adults at child’s address | | | | | | |
| Name  Relationship to child | |  | Name  Relationship to child | |  | |
| Name  Relationship to child | |  | Name  Relationship to child | |  | |
| Other significant adults/frequent visitors who regularly visit the home or who are part of the family support network. | | | | | | |
| Name  Relationship to child  Telephone contact | |  | Name  Relationship to child  Telephone contact | |  | |
| People (over the age of 16) with permission to collect your child from nursery. | | | | | | |
| Name  Relationship to child  Telephone contact | |  | Name  Relationship to child  Telephone contact | |  | |
| Are there any special circumstances or information that we should know about in order to help and support you and your child e.g. family situations, restrictions on collecting, etc? | | | | | |
|  | | | | | |

**3. Sessions Requested**

*Please note that we are only open during school term-time. From the term after their 2nd birthday some children are eligible for 15 hours Free Early Learning (FEL). Please see a member of staff for details.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SESSION | Monday | Tuesday | Wednesday | Thursday | Friday |
| BREAKFAST CLUB 8.00am-9.00am |  |  |  |  |  |
| CORE MORNING 9.00am-11.30am |  |  |  |  |  |
| LUNCH 11.30am-1.00pm |  |  |  |  |  |
| CORE AFTERNOON 1.00pm-3.30pm |  |  |  |  |  |
| TEA CLUB 3.30pm-5.00pm |  |  |  |  |  |
| When do you want this place to start? | | | | | |

**4. Additional Information**

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| --- | --- | --- |
| **4.1 Child’s Ethnic Origin, Language & Religion**  *This information is required by the Local Authority. Please tick the relevant box.* | | |
| **White** | **Black or Black British** | **Mixed / Dual Background** |
| British **WHB** | Caribbean **BLB** | White & Black Caribbean **WMB** |
| Irish **WHR** | Somali **BSO** | White & Black African **MBA** |
| Traveller or Irish Heritage **WHT** | Other Black African **BAO** | White & Pakistani **MWP** |
| Gypsy / Roma **WRO** | Any other Black background **BLG** | White & any other Asian background **MWS** |
| Eastern European **WEA** | **Asian or British Asian** | Any other mixed background **MOT** |
| Other **WHA** | Bangladeshi **ABA** | **Any other background** |
| **Chinese** | Indian **AIN** | Yemeni **OYE** |
| Chinese **CHE** | Pakistani **APK** | Any other ethnic group **OOE** |
|  | Any other Asian background **AAO** |  |
| **Place of birth:** |  | |
| **Nationality:** |  | |
| **Home Language** |  | |
| **Religion:** |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **4.2 Health Information** | | | |
| Doctor’s name & contact details: |  | | |
| Please give details of any health issues we should know about e.g. allergies, dietary, serious illness or injury. |  | | |
| Please give details of any additional needs or development concerns about which we should know e.g. language & communication, physical disability, sensory, behaviour, etc. |  | | |
| Please give details of any services offering support to your family e.g. Social Worker, Health Visitor, Therapists, MAST |  | | |
| In an emergency where urgent medical attention is needed and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise Nursery to sign any document required by the hospital authorities. For less urgent medical treatment, where an ambulance is not required, I understand that staff cars (fully insured) may be used to take my child to the A&E department of Sheffield Children’s Hospital. | | **Agree** | **Don’t Agree** |

**5. Permissions**

|  |  |  |
| --- | --- | --- |
| **5.1 Photographs & Video**  *Please indicate your agreement to use of your child’s photograph by ticking the relevant box.* | **Agree** | **Don’t agree** |
| To record your child’s learning as part of their progress record which will be passed on to their infant/primary school when they leave Broomhall Nursery. |  |  |
| For use in displays in nursery. |  |  |
| For use on our promotional literature e.g. posters and leaflets |  |  |
| For use on our website, Facebook page and Twitter feed. *In the interests of safeguarding children’s names are not associated with photographs posted on these sites.* |  |  |
| On occasions Press and TV journalists may wish to take photographs and/or record video footage of special events at nursery during which time your child may be included. |  |  |
| Students from Sheffield Universities (DBS checked) undertake observational research projects in nursery. Individual children are not identified in the findings of the research. |  |  |

**6. Early Years**

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| --- | --- |
| **6.1 Nursery Attendance** | |
| Does your child attend any other nursery/childcare provision? *Please give details.*  *If you are leaving your existing provision to take up FEL hours at Broomhall Under 3s you are required to give 4 weeks’ notice to your existing provider.* |  |

|  |  |
| --- | --- |
| Signature of Parent/Carer: | Date: |