



Together a better future

**APPLICATION FOR NURSERY PLACE**

First Name of Child: \_\_\_\_\_ Surname of Child \_\_\_\_\_

Gender: Male  Female  Date of Birth: \_\_\_\_\_

Parent 1: \_\_\_\_\_ Parent 2 : \_\_\_\_\_

Relationship to child \_\_\_\_\_ Relationship to child \_\_\_\_\_

Parent 1's NI Number \_\_\_\_\_ Parent 2's NI Number: \_\_\_\_\_

Parent's date of birth \_\_\_\_\_ Parent's date of birth: \_\_\_\_\_

Parent's Telephone \_\_\_\_\_ Parent's Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

GP: \_\_\_\_\_

Email address: \_\_\_\_\_

Are both parents working? Yes  No

If both parents are working you may be entitled to the 30free hours

Did/does your child have a Brother or Sister at the nursery? Yes  No

If yes, what is their name, class and Keyworker

Language spoken at home: \_\_\_\_\_

Nursery applicants: If we are able to offer your child a place, please tick which session you would prefer:

Morning 8.45 – 11.45 <input type="checkbox"/>	Afternoon 12.30 – 3.30 <input type="checkbox"/>	30 hours 9.30 – 15.30 <input type="checkbox"/> 8-12.30 <input type="checkbox"/> 12.30 – 5:00 <input type="checkbox"/>	Full time (8am – 6pm) (Deposit required) <input type="checkbox"/>
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Does your child have any **special needs/ Medical needs/ Allergies.** Yes  No

Please Specify \_\_\_\_\_

This information will be shared with Local Health authorities, Children's Centre and Newham council.

***Declaration: I confirm that the information provided on this form is correct to the best of my knowledge. I understand that if false information is provided on this form, it may result in an offer of a place being withdrawn.***

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email your completed application form putting nursery application in the subject heading to: [info@kayrowe.newham.sch.uk](mailto:info@kayrowe.newham.sch.uk) or drop it into the school or post to

Kay Rowe Nursery School - Nursery Applications, Osborne Road, Forest Gate, London, E7 0PH