

PORTMAN EARLY CHILDHOOD CENTRE NURSERY SCHOOL

APPLICATION FOR NURSERY PLACE

Tel: 02033071940

Email: office@portmancentre.co.uk

Date of application _____

Child Information:

Name _____ Male/Female

D.O.B _____

Home Address _____

Parent/Carer Information:

Name: _____

Contact No. _____

Email: _____

DOB: _____

National Insurance: _____

(Note: Parent/Carer NI and DOB- will use this information for Westminster portal and to check child eligibility)

Religion _____

Home Language _____

Parent's Country of Origin _____

Are you a Refugee/Asylum Seeker _____

Is your child eligible and in receipt of Disability Living Allowance (DLA)?

Yes/No

(2, 3 and 4 year-old children who are in receipt of child Disability Living Allowance (DLA) and are receiving the free entitlement are eligible for the Disability Access Fund (DAF). DAF is paid to the child's early years setting)

Are there any children in your family?

Name

D.O.B

School

GP's Name & Address

Health Visitor and Clinic

Any Health Concerns

Is your child presently attending any Nursery/Playgroup/Childminder?

YES/NO

Is your child on waiting list for school- if yes which one?

Preferred Nursey Session:

Morning Session/Afternoon Session

Reason for preferred session:

I declare that above information is correct

Signed _____ Date _____

Signature of member of staff

_____ Date _____

