



Breamish Valley Community Nursery

Nursery Application Form 20-21

CHILD DETAILS					
Forename(s)			Known As		
Surname					
Date of Birth			Gender (M/F)		
Address					
Post Code			Telephone No.		
PARENT/CARER INFORMATION – IN PRIORITY ORDER					
Mothers Name			Title		
Address					
Postcode			Telephone No		
E-Mail			Mobile No.		
Fathers Name			Title		
Address					
Postcode			Telephone		
E-Mail			Mobile No		
Additional Contact Information					
Name	Address	Relationship	Tel Nos		
			Home Tel:		
			Mobile :		
			Home Tel:		
			Mobile :		
Nursery Session Request					
Please indicate which sessions you wish the child to attend nursery , we are currently open Monday to Thursday, morning and afternoon sessions.					
	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					
If your child is attending Nursery sessions at another setting please state name of setting and which sessions they are attending:					
Name of setting					
Sessions attended					
Monday	Tuesday	Wednesday	Thursday	Friday	
am	am	am	am	am	
pm	pm	pm	pm	pm	

Medical Information			
Does your child have any medical condition, disability or long term illness?		Yes	No
Does your child have any special dietary requirements?		Yes	No
If Yes details:			
Please provide details of any concerns you may have about your child's			
Sight Hearing Speech/Language Coordination/Movement Behaviour Toileting			
Child's Doctor			
Practice			
Address			
Name of Health Visitor			
Post Code		Telephone No.	
Ethnic Origin			
	Asian Bangladeshi <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
	Asian Chinese <input type="checkbox"/>	Black Other <input type="checkbox"/>	Not disclosed <input type="checkbox"/>
	Asian Indian <input type="checkbox"/>	Gypsy Traveller <input type="checkbox"/>	Not known <input type="checkbox"/>
	Asian Other <input type="checkbox"/>	Mixed <input type="checkbox"/>	White British <input type="checkbox"/>
	Asian Pakistani <input type="checkbox"/>	Occupational Traveller <input type="checkbox"/>	White Other <input type="checkbox"/>
	Black African <input type="checkbox"/>		
First Language			
If you have ticked one of the 'Other' boxes please enter specific ethnic origin here:-			
Milk and Fruit			
I would like my child to have milk and fruit during their session/s.		Milk Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Fruit Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dietary requirements		Allergies	
I declare the information on this form to be correct to the best of my knowledge.			
Signed:			
Print Name:		Date:	

Please note that due to the Government Guidance in relation to Covid – 19 we have made slight changes to the nursery day.

Morning Session 9.00am – 12.00pm
Afternoon Session 12.30 – 3.00 pm