



Greengate Lane Academy

Nursery Application Form

Personal Details

Child's Name:			
Date of Birth:			
Parent/ Carer's Name:			
Address:			
	Post Code:		
Telephone Number:	Home	Mobile	
Email address:			
Names and ages of other children in the family			

Nursery Information

Which nursery session would you like your child to attend?	Mornings 5 x 3 hours 08:45-11:45	Afternoons 5 x 3 hours 12:15-15:15	Mon - Wed 2 ½ days <input type="checkbox"/>	All day: 30 hours 8:45-15:15 <input type="checkbox"/> Please enter your 30 hour eligibility code in the box below
	<input type="checkbox"/>	<input type="checkbox"/>	Wed - Fri 2 ½ days <input type="checkbox"/>	

Eligibility Code (30 hours)	<p>If you have not applied for a code, please follow the instructions on the link below (in the term before they are due to start):</p> <p>https://www.gov.uk/apply-30-hours-free-childcare</p> <p>Eligibility code: <input type="text"/></p> <p>National Insurance Number: <input type="text"/></p>
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Are there any days of the week when your child would be unable to attend?	Please give details
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Has your child attended a playgroup/pre-school group?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child ever attended another nursery?	Name of Nursery previously attended	
Which school do you expect your child to attend at five years?		
How did you find out about nursery?		
Medical Information		
Doctor's Name:		
Name of Health Visitor:		
Name of Social Worker: (If applicable)		
Relevant information on your child's health/development:		
Signature:		
Signature:		
Date:		

Please return this form to nursery or the school office and inform us if there are any changes in your circumstances e.g. change of address/phone number.

Greengate Lane Academy
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Sheffield
S35 2GT
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