**

*Application form*

|  |  |
| --- | --- |
| Preferred session: AM (8.45-11.45)  PM (12.30-3.30) | *Date of admission (office use only)* |

*Childs details*

|  |  |
| --- | --- |
| *Surname:* | *Forename:* |
| *Middle names:* | *My child likes to be called:* |
| *Date of birth:* | *Gender: Male Female* |
| *Religion:*  *Ethnic origin:* | *Language spoken at home:* |
| *Address:* | *Postcode:* |

*Parent’s details*

|  |  |
| --- | --- |
| *Mothers name:* | *Fathers name:* |
| *Date of birth:* | *Date of birth:* |
| *NI number:* | *NI number:* |
| *Phone number:*  *Work number/address:* | *Phone number:*  *Work number/address* |
| *Address if different from child’s:* | *Address if different from child’s:* |

*Medical information*

|  |  |
| --- | --- |
| *Doctor’s name/Surgery:* | *Telephone number:* |
| *Medical conditions/disabilities?* | *Dietary needs/allergies?* |

*Does your child have a Special Educational Need? YES/NO*

*Is your child looked after by the local authority? YES/NO*

***There must be at least two emergency contacts that are able to collect your child should we not be able to contact you. These should be over the age of sixteen.***

***Contaact number 1:***

|  |  |
| --- | --- |
| *Name and address* |  |
| *Telephone* |  |
| *Work contact number* |  |
| *Relationship to child* |  |

***Contact number 2***

|  |  |
| --- | --- |
| *Name and address* |  |
| *Telephone* |  |
| *Work contact number* |  |
| *Relationship to child* |  |