

Application Form

The Grove Nursery
The Grove Primary School
Campkin Road
Cambridge
CB4 2NB

Tel : 01223 577017 (ext 3)
Email : nursery@grove.cambs.sch.uk

OFSTED URN: 110668



Please complete this application form to apply for a place at the Grove Nursery.

All admissions are in line with our Admissions Policy which can be viewed on our website.

Applying for Early Years Spaces and Funding

Our nursery or office team will be happy to support you in completing this form.

You will need to bring proof of identity for your child with your completed application form, ideally a passport.

At our setting, we offer the government universal 15 hours of funded childcare per week (term time only) for all three and four year olds, eligible date of birth is the only criteria. Working parents may also be entitled to extended entitlement up to 30 hours if certain criteria is met. We also accept two year funding (means tested or working parents) and additional sessions for all ages paid for by invoice.

Child Details

Surname	Forename(s)	Name child is known as
Address	Date of Birth Requested Start Date (Month/Year)	Gender Male / Female
Postcode	Proof of identity being provided	Funding Code : Date code was issued to you: Number of funded hours :

Setting and attendance details

Please complete this form carefully and clearly indicate which sessions you would like your child to attend.

These will be confirmed when enrolled and are subject to availability.

Day / Session	Morning Session 0845-1145 3 hours	Afternoon Session 1215-1515 3 hours	All Day Session 0845-1515 6.5 hours
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

To help us and the local authority in monitoring equal opportunities you are asked to complete the following:

Child's country of birth	Child's nationality
First language	Other languages

Religion	
Are there any religious or cultural practices that school should be aware of ?	

Family's Ethnic Origin. (Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, culture, ancestry or family history. Ethnic background is not the same as nationality or country of birth.)

Any other Asian background	
Any other black background	
Any other ethnic group	
Any other mixed background	
Any other white background	
Bangladeshi	
Black African	
Black Caribbean	
Chinese	
Gypsy	
Gypsy / Roma	

Other Gypsy / Roma	
Pakistani	
Traveller if Irish Heritage	
White British	
White Irish	
White and Asian	
White and Black African	
White and Black Caribbean	
Indian	
Do not wish to answer	

Parent / Carer Details

	Parent / Carer Details Applicant 1	Parent / Carer Details Applicant 2
Title eg Mr/Mrs		
Full Name		
National Insurance or NASS number		
Parent Date of Birth		
Parent Telephone Numbers		
Address <i>including postcode</i>		
Email		
Occupation /Job Do you consider yourself a keyworker?		

Please provide details here of any other family members / friends we can contact in case of emergency and that can collect your child if we unable to reach you.

Name	
Address	
Telephone numbers	
Relationship to child	

Name	
Address	
Telephone numbers	
Relationship to child	

Siblings - Please give details here of any other children living in your home.

Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

Please tick and complete if you are able to let us know if the child meets one of these criteria. We may ask to see legal documentation so that additional funding can be secured for you.

Has your child ever been in care? YES / NO	If yes please state which local authority
Is your child currently in care? YES / NO	If yes please state which local authority
Has this child been adopted from care? YES / NO	
Has this child left care under a special guardianship order or residence order?	

Disability Access Funding (DAF) If your child is in receipt of Disability Living Allowance (DLA) please select YES below. Please provide us with a copy of the letter confirming your child's entitlement in order to access DAF. If your child is attending more than one setting you will need to nominate only one setting where you wish the DAF to go. We will be able to give you information about the DAF.

Does your child receive Disability Living Allowance	YES / NO
Have you applied for Disability Living Allowance and awaiting a decision?	YES / NO
If your child is eligible, will we be your nominated setting?	
Are you in receipt of Universal Credit?	YES / NO
Are you an asylum seeker / refugee ?	YES / NO

Medical Details

Name of Doctor	
Address of Surgery	
Telephone number of Surgery	
Please provide details here of any medical conditions your child has that we should be aware of (eg. Asthma)	
Does your child have any distinguishing marks on their body, eg scars, birth marks?	

Other agencies

Are any professionals currently working or have worked with your family For example : Speech and Language, Health Visitor, Family Worker, Social care etc. Please provide details:	YES / NO
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2 Year Progress check

My child has had their 2 year progress check by health visitor?	YES / NO
Please detail any concerns mentioned in the two year check or that you have as a parent : This could include speech, language and communication, physical development, developmental delay, problems with toileting, etc	
My child has had all of their age appropriate vaccinations	YES / NO

Please indicate here any dietary needs or food allergies your child has;

Vegetarian (eats fish)		No Pork		No Dairy		*We are a nut free school*	
Vegetarian (does NOT eat fish)		No Beef		Gluten Free		Other (please specify)	

Password – Please provide us with a password as part of our safeguarding procedures. If another person collects your child they will need to give us this password.

Password	
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Photography & Other Permission. Please tick boxes below as applicable:

I am happy for photos to be used in any learning evidence via family app and school notice boards.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am happy for my child clothing to be changed including nappy, pullups or underwear by trained nursery staff (Intimate care policy to be followed)	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am happy for non-medicated nappy cream to be applied to my child if needed	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am happy for staff to administer paracetamol or ibuprofen to my child in the case of a raised temperature.	Yes <input type="checkbox"/> No <input type="checkbox"/>

I am happy for staff to administer medication supplied with Dr label including dose, date and name of child.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am happy for staff to apply hypoallergenic plasters as needed	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that if my child is sick at nursery or has an upset stomach, I or another contact will collect the child within 20 minutes.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am happy for sun cream to be applied to my child (and will supply sun-cream in the summer months)	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am happy for my child to have facepaints or glitter tattoos applied	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am happy for my child to use the internet for learning purposes and watch U or PG rated films.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I am happy for my child to go on local trips and educational visits	Yes <input type="checkbox"/> No <input type="checkbox"/>
I understand that collection times are 11:45am or 15:15pm and that there are charges applied if I am more than 15 minutes late in line with our terms and conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>
I have read and understood the nursery terms and conditions document	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Important – please read;
Declaration**

By signing this form I am confirming that I adhere to all policies and procedures of the Grove Nursery and Grove Primary school which are available on the school website or in the school office. I confirm all information on this form is correct to the best of my knowledge. I adhere to the Grove Nursery terms and conditions document.

Signature of Parent / Carer with legal responsibility			
Please PRINT your name here			
Relationship to child		Date	

<p>Please find further information here regarding funding and eligibility, and also a calculator to determine if you are eligible for 30 hours funding https://www.childcarechoices.gov.uk/</p> <p>If you want to discuss eligibility you can call Cambridgeshire County Council on 01480 373402</p> <p>If you would like to speak to HMRC they can be contacted on 0300 123 4097</p> <p>If you wish to talk to the nursery or school regarding admissions please call 01223 577017 or email nursery@grove.cambs.sch.uk</p>
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