



Application for Admission to Tiptree Nursery

CHILD DETAILS (Name stated on Birth Certificate)

Forename(s): Known as: Male/Female

Surname: Date of Birth:

Address:

Postcode: Telephone No:

SESSIONS REQUIRED (Please indicate which sessions you wish your child to attend nursery)

Full Day: Monday – Thursday 8am – 6pm []

Friday – 3pm - 6pm []

Monday	Tuesday	Wednesday	Thursday	Friday - 3-6pm
[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>] 8am – 1pm	[<input type="checkbox"/>]
[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>] 1pm – 6pm	[<input type="checkbox"/>]

FREE Funded Hours ONLY (15 hours per week for 38 weeks)

Monday	Tuesday	Wednesday	Thursday	Friday - 3-6pm
[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>] 8am – 1pm	[<input type="checkbox"/>]
[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>] 1pm – 6pm	[<input type="checkbox"/>]
[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>] 9am – 12noon	[<input type="checkbox"/>]
[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>] 1pm-4pm	[<input type="checkbox"/>]

Wrap Around

Monday	Tuesday	Wednesday	Thursday	Friday – 3-6pm
[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>] 8am – 9am	[<input type="checkbox"/>]
[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>] 11.30pm – 6pm	[<input type="checkbox"/>]
[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>] 3 – 6pm	[<input type="checkbox"/>]
[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>]	[<input type="checkbox"/>] Holiday Club	[<input type="checkbox"/>]

Date you wish your child to start Nursery:

Please tell us why you would like to place your child/children at our nursery?

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Previous Nursery Experience (e.g. Children’s Centre, Playgroup, Nursery)



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PARENTS/CARERS – Living with child (Person Making Application) Responsible for Payment []

Mr./Mrs./Miss/Ms. Relationship to child: D.O.B:

Forename: Surname:

Address:

Postcode: Telephone No:

Mobile No: Work No:

Email: Profession:

NI Number:

PARENT/CARER (If different from above) Responsible for Payment []

Parental Responsibility [] D.O.B: Pick up [] Emergency Contact []

Mother's Name: Surname:

Address:

Postcode: Telephone No:

Mobile No: Work No:

Email: Profession:

NI Number:

Parental Responsibility [] D.O.B: Pick up [] Emergency Contact []

Father's Name: Surname:

Address:

Postcode: Telephone No:

Mobile No: Work No:

Email: Profession:

NI Number:



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PERSONS PERMITTED TO COLLECT YOUR CHILD	Pick up	Emergency
Contact		
All Person permitted MUST be 16 and over.		
CONTACT 1		
Name: (Relationship to Child)	[]	[]
Tel No: Mobile No:		
CONTACT 2		
Name: (Relationship to Child)	[]	[]
Tel No: Mobile No:		
CONTACT 3		
Name: (Relationship to Child)	[]	[]
Tel No: Mobile No:		
PASSWORD FOR COLLECTION		

DISABILITY AND MEDICAL INFORMATION	YES	NO
Does your child have any long term illness, medical conditions or disability?	[]	[]
If yes, please give a brief description:		
If yes, has there been a professional assessment identifying additional needs?	[]	[]
If yes, can you provide copies of the professional assessments?	[]	[]
I do not wish to disclose this information. []		

Please provide details of any concerns you may have about your child's
Sight:
Hearings:
Speech/Language:
Coordination & Movement:
Behavior:



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OTHER PROFESSIONALS INVOLVED (e.g. social worker, speech therapist)

Job Title:

Name:

Address:

Postcode: **Telephone No:**

Email:

Job Title:

Name:

Address:

Postcode: **Telephone No:**

Email:

DOCTOR DETAILS

Name:

Address:

Postcode: **Telephone No:**

HEALTH VISTOR DETAILS

Name:

Address:

Postcode: **Telephone No:**

SPECIAL DIETARY REQUIREMENTS (Halal Meat is Served)

YES [] NO []

If yes, please provide details below

ALLERGIES

YES [] NO []

If yes, please provide details below and complete a care plan

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.....



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CONSENT

USE OF PHOTOGRAPHS

Good early years practice requires evidence to be taken of the children to measure and assess their progress. One method for record keeping is the use of photographs and videos.

We seek your permission to take photos and video of your child whilst at nursery or out on trips and visits. We will use photos or video footage in a number of ways.

Please tick the box if you give permission for photos and videos of your child to be used for:

- His/her profile record
- Display in the nursery
- To be used by the local or national media
- To be used on the TipTree Pre-school Nursery web site
- In other branches of TipTree Pre-school Nursery e.g. Open days
- Students
- TipTree Pre-school Nursery's Face book Page
- Foundation stage training for Redbridge Borough
- Monthly newsletter

Parent/Carer Signature..... Date:

- I give permission for my child to participate in local walks and trips**

Parent/Carer Signature..... Date:

I give consent for Ambre Solaire hypo allergic factor 50 sun cream to be applied during the summer (provided by the nursery) Yes [] No [] Parent/Carer sign.....

I agree to my child having a plaster applied Yes [] No [] Parent /Carer sign.....

I agree to paracetamol being administered in emergency situations Yes [] No [] Parent/Carer.....

Any necessary emergency medical advice/treatment in the future Yes [] No [] Parent/Carer.....

I agree to face paints being used. Yes [] No [] Parent /Carer.....



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IMMUNISATIONS AND HEALTH CHECKS (please give details below)

ETHNIC ORIGIN (Please tick one category below)

- English Gypsy White-Irish White British Chinese
- Irish Traveler White and Asian
- Any other white background Mixed, white and Black Caribbean
- White and back African Pakistani
- Any other mixed background Indian
- Asian, or Asian British, Bangladeshi Caribbean
- Black or Black British African Any other Asian Background
- Any other ethnic background Any other Black Background
- Do not wish to be recorded Romany

HOME LANGUAGE (Please tick one category below)

- Arabic French Italian Punjabi Bengali
- Lithuanian Norwegian Spanish Cantonese Gujerati
- Turkish English Portuguese Polish Urdu
- Other

If you ticked 'Other' please specify below:

RELIGIOUS AFFILIATION (Please tick one category below)

- Buddhist Jewish Not Known Christian-Other Muslim
- Hindu Sikh No Religion Christian- RC
- Other (Please specify) Not Disclosed

If you ticked 'Other' please specify religion

Due to religious beliefs please state any events or activities that your child cannot participate in

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NATIONALITY (Please tick one category below)

British []

Not Known []

English []

Northern Irish []

Scottish []

Irish []

Welsh []

Not Disclosed []

Other []

If you have ticked 'Other' please specify nationality below:

ASYLUM SEEKER (Please tick one category)

Asylum Seeker []

Refugee []

Not applicable []

FOR OFFICE USE ONLY

Date of Application:

Settling Date: Start Date:

Birth Certificated Attached YES [] TipTree form [] Date sent

2 Year funding form [] Photo Identification [] 3 Year funding form [] Portal []

TipTree bag given [] On first Steps [] Parent Photo ID [] Ofsted report given

Deposit Paid £ Admin Paid £ Cash [] Card []

Date Paid:

Nursery manager Signature: Date: