

Pre-School year:

Form to be fully completed by all parents (please ensure all boxes completed);

Child's Details;		
	Child's Address & Postcode:	
Surname:		
Forename:		
Other names:		
Date of Birth:	Gender:	

Parent/Carer details;

Name of parent/carer	Surname:	Forename:	
		Telephone (home):
Address & postcode:		Telephone (Mobile):
		Email:	

Name of parent/carer	Surname:	Forename:	
		Telephone (home):
Address & postcode:		Telephone I	Mobile:
		Email:	

Where did you hear about Caverstede Nursery School?			
Does your child currently attend a Nursery?	Yes	No	
If yes, please give brief details of why leaving/wanting to attend Caverstede:			

When are you wanting your child to start attending Caverstede Nursery School?								
Are you eligible for funding? (tick all that apply) 2 year old funding		3 year old funding		30 hour funding				
What sessions would you prefer (tick your preference)Morning Session			Afternoon Session		All day session			

Caverstede Nursery School is registered under the Data Protection Act 2018 as part of the Peterborough City Council registration for the purpose of processing personal data in the performance of its legitimate business. Any information held by Caverstede Nursery School will be processed in compliance with the six principles of the Act. Further information relating to your rights under the Data Protection Act can be provided if required.

To be completed by all parents (please ensure tick yes or no in every box);

Do you recognise any difficulties/delay/concerns for your child?								
	Yes	No		Yes		No		
Hearing			Autism					
Speech			Behaviour					
Physical			Delayed development					
Sensory			Allergies					
Any other								
If yes to any of the above, please give brief details:								
Does your child have a diagnosis or any medical reports, or awaiting an assessment or diagnosis? Yes No If yes, please give full diagnosis name and/or brief details: Yes No								
Detail any Professionals that you have spoken with regarding your child (e.g. Health Visitor/ Social Worker/ Portage etc, <i>please give names)</i> :								
Are you in receipt of Disat	bility Living Al	lowance (DLA)	for this child?	Yes		No		

PLEASE PROVIDE ORIGINAL BIRTH CERTIFICATE – Staff to complete who has Parental Responsibility;

Full Name	Relationship to child	Birth Certificate - Caverstede Nursery School to Sign & Date all checked.

Parents Signature	Date	