

**CONFIDENTIAL ADMISSION FORM**

Please note – Filling out this form does not constitute an offer of admission.

PUPIL DETAILS	
Legal Forename:	Preferred Forename:
Legal Surname:	Preferred Surname:
Middle Names:	
Previous Surname/s if relevant:	
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>

PUPIL ADDRESS The address at which the child lives the majority of the time in a typical week.		
Post Code:	House Name/Number:	
Street/District	County:	

CONTACTS			
Contact/Priority 1			
Title:	Forename:	Surname:	
Relationship to Pupil:		Parental responsibility <input type="checkbox"/>	
Court Order <input type="checkbox"/> Please give details			
	Phone Numbers (in order of priority)	Type	Notes (eg days worked)
1		Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
2		Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
3		Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
Email Address:			
Address Details (if same as applicant just tick here) <input type="checkbox"/>			
Post Code:		House Name/Number:	
Street/District:		Town/City	
Additional Information:			
Contact/Priority 2			
Title:	Forename:	Surname:	
Relationship to Pupil:		Parental responsibility <input type="checkbox"/>	
Court Order <input type="checkbox"/> Please give details			
	Phone Numbers (in order of priority)	Type	Notes (eg days worked)
1		Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
2		Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
3		Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
Email Address:			
Address Details (if same as applicant just tick here) <input type="checkbox"/>			
Post Code:		House Name/Number:	
Street/District:		Town/City	

Additional Information:
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Contact/Priority 3 (Optional)		
Title:	Forename:	Surname:
Relationship to Pupil:		Parental responsibility <input type="checkbox"/>
Court Order <input type="checkbox"/> Please give details		
Phone Numbers (in order of priority)	Type	Notes (eg days worked)
1	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
2	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
3	Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/>	
Email Address:		
Address Details (if same as applicant just tick here) <input type="checkbox"/>		
Post Code:		House Name/Number:
Street/District:		Town/City
Additional Information:		

MEDICAL INFORMATION	
<input type="checkbox"/> Emergency Medical Consent <i>(Ticking this box confirms that you authorise the school to initiate appropriate medical treatment in the event of an emergency).</i>	
Medical Practice:	Practice Address:
Doctor's Name:	
Practice Telephone:	
Please indicate any known medical conditions	
<input type="checkbox"/> No Medical Conditions <input type="checkbox"/> Epilepsy <input type="checkbox"/> Eczema	
<input type="checkbox"/> Other – Please specify below <input type="checkbox"/> ASD <input type="checkbox"/> Diabetes	
<input type="checkbox"/> Allergies – Please specify below <input type="checkbox"/> Asthma <input type="checkbox"/> ADHD	
<b>Additional Information:</b> Please note any details that will enable us to better support your child whilst attending this school. If you need more space please use an additional sheet of paper and tick here to confirm that you have done so: <input type="checkbox"/>	

SIGNATURE	PRINT NAME	DATE
Parent/Carer		

### Starting date

We welcome new children into the nursery from the day after their third birthday.

Please note that 3-year-old funding is not available until **the term after their third birthday** and up until that date charges will apply

**Please indicate the session times you would like to have:**

I would like my child to start on date: day/ month/year.....

Sessions required				
	Morning		Afternoon	
	8.45-12.00	8.45-1.00	12.00-3.00	1.00-3.00
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

We are not open in the school holidays. School term dates can be found on the school website

### Charges St Germans Nursery 2020-2021

	Morning Session	Morning session and Lunch	Afternoon Session and Lunch	Afternoon Session	Full Day Session
Time	8.45am-12pm (3 hours)	8.45am -1pm (4 hours)	12pm -3pm (3 hours)	1pm- 3pm (2 hours)	9am-3pm (6 hours)
Price	£13.00	£17.00	£12.00	£8.00	£25.00

Lunch can be bought from the school at a cost of £2.30 per meal

Places can also be booked for wrap around care as follows:

Before School Club: £3.00 per session 7.45-8.45 am

After School Club: £9 per session 3.00-5.30 pm

**Thank you for completing this form.**