



APPLICATION FORM FOR PLACE IN THE DAISY ROOM

If you wish to apply for a place in the Daisy Room, please complete and return this form to the nursery together with proof of your child's date of birth and their home address.

Any parent giving incorrect information may have their offer of a place withdrawn.

Please print clearly, using capital letters.

1. YOUR CHILD

Family Name: First Name(s):.....

Home Address:

.....

.....

.....Postcode:

Nationality Male: Female: Date of Birth:

Is the child Looked After (i.e in the care of a local authority/fostered)? YES/NO

Is your child eligible for Free Funding for 2 Year Olds? YES/NO

If so, please provide your unique reference code.

Reference code :

Is there a CAF in place? YES/NO

Does your child have any of the following:

- Special Educational Needs (as identified by a relevant professional)? YES/NO
- A severe and long-term medical need? YES/NO

If you have answered yes to either of the above, you **must** provide further information on a separate sheet, together with copies of all relevant supporting documentation. You should also provide contact details of the relevant professional(s), e.g. your child's medical consultant or paediatrician, whom we will contact for additional information.

If you wish to provide any further information about your child please do so on a separate sheet of paper.

2. ADMISSIONS APPLICATIONS FROM OUTSIDE THE UK

Date of arrival in the UK:

Length of stay In the UK:

Reason for being in the UK:

.....

You will need to provide confirmation that the child is yours. Please attach a photocopy of your child's passport and entry visa.

3. YOUR DETAILS

Title: Mr/Mrs/Miss/Ms/Dr Initials: Surname:

Signature: Date:

Relationship to child:

Address (if different from section 1):

..... Postcode:

Home Telephone No Other Contact/Mobile No

Email Address(es):

Other adult(s) with Parental Responsibility for the child. (Having parental responsibility for the child, means assuming all the rights, duties, powers, responsibility and authority that a parent of a child has by law).

(All adults with parental responsibility should sign this form, where possible.)

Title: Mr/Mrs/Miss/Ms/Dr Initials: Surname:.....

Signature: Date:

Relationship to child:

Address (if different from above):

..... Postcode:.....

Home Telephone No Other Contact/Mobile No

4. SIBLINGS - If there are other children living in the home who will be attending the nursery when this child starts, please complete this section.

NAME	DATE OF BIRTH
.....
.....

The information you provide here will be used by Colleges Nursery School for the purposes of admissions only

In order for your application to be considered, please return the completed application with the following documentation to Colleges Nursery School:-

- Proof of your home address
- Proof of your child’s date of birth

Original documents please – copies are not acceptable

Colleges Nursery School The Centre, Campkin Road Cambridge CB4 2LD 01223 712168
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