

Nursery Application Form

Please take/email the completed application with the following documentation to the Nursery:	
Proof of your home address Proof of your child's date of birth	
NAME OF CHILD	
First Name(s): Surmame:	
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	
Does your child have any of the following:	
 Special Educational Needs (as identified by a relevant education 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 the back of this form or 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.	
SIBLINGS – If there are other children who have attended/will be attending the nursery school when this chi starts, please complete this section.	ld
Name: Date of Birth:	
Name: Date of Birth:	
YOUR DETAILS	
Title: Mr/Mrs/Miss/Ms/Dr First Name: Surname: Surname:	
Signature: Date of Birth*:	
National Insurance Number*: National Assylum Seekers Reference:	
Relationship to child:	
Address: (if different from section 1):	
Postcode:	
Mobile telephone no: Home/Other contact no:	
Email address:	

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 First Name:	Family Name:
Signa	ature:	Date	e of Birth*:
Natio	onal Insurance Numb	oer*:	National Assylum Seekers Reference:
Relat	ionship to child:		
Addr	ess (if different from	section 1):	
			Postcode:
Mobi	ile telephone no:		Home/Other contact no:
Emai	l address:		
ADM	IISSIONS APPLICATI	ONS FROM OUTS	SIDE THE UK
Date	of arrival in the UK:		Length of stay in the UK:
Reas	on for being in the U	K:	
HOU	RS REQUIRED		
	-	80/Other	hours per week at The Fields
Are y	ou applying for a 2	year old funded p	place? YES/NO
Educa record The se Camb you so	ation (School Records) R ds database. ections marked * are no ridgeshire County Coun o that we can provide yo	egulations (1989) pro on-compulsory. If sup icil, and other relevar our child(ren) with er	DPR), provisions of the Data Protection Act 2018 (DPA 2018) and the otect this strictly confidential personal data, stored on the school's student oplied, this information will be shared with Education Welfare Benefit Service, not bodies administering public funds, who collect and use information about notitlement to education benefits under The Education Act 1996.
availa with a Full do www.	ble; verification of any of any claims; periodic che etails about how we use thefields.cambs.sch.uk	entitlement to Free S cks by the Education e this data and the rig where you will also	data will be shared as appropriate to enable: determination of the support School Meals/Pupil Premium; prevention and detection of fraud in connection Welfare Benefit Service to confirm entitlement to education benefits. ghts you have around this can be found in our Data Policy on our website, find our Privacy Notices. If you have any data protection queries, please at details are on our Privacy Notice.
HOW	/ DID YOU HEAR AB	OUT US? (please	circle any that apply):
Nur	sery Website County	y Council Website	Leaflet Word of Mouth Social Media Other:
OFF	FICE USE:		
	e application received	d:	

Preferred start date:	
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Please tick the boxes below for the sessions you require.

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast 8:00 - 8:30am					
(£6.75 per session, includes					
breakfast)					
Morning 8:30 – 11:30am					
Lunch 11:30 – 12:30pm					
(£11.00 per session, includes					
hot meal)					
Afternoon 12:30 – 3:30pm					
After school 3:30 – 4:00pm					
(£4.25 per session)					