** Gill Blowers Nursery School**

**REGISTRATION FORM**

**Head teacher: Deborah Harmon Tel.: 01582 587350 / 01582 565797**

**(Please, provide as much information as possible as this is used to allocate places.)**

|  |  |
| --- | --- |
| **CHILD’S FIRST NAME(S): ……………**  **………………………………………………** | **SURNAME:………………………………….**  **…………………………………………………** |
| **D.O.B.:** | **GENDER:** |
| **ADDRESS: ……………………………………………….**  **……………………………………………….**  **……………………………………………….** | **POST CODE: ……………………………….**  **PHONE NO.: ………………………………..**  **MOBILE NO.: ……………………………….** |

|  |  |
| --- | --- |
| **Yes** |  |
| **No** |  |

**BENEFITS**

Are you in receipt of any of the following benefits?

If you have answered ‘yes’ please fill in table below and provide proof of this benefit with this form.

|  |  |  |
| --- | --- | --- |
| Type of benefit | **Yes** | **No** |
| Income Support |  |  |
| Income based Jobseeker’s Allowance |  |  |
| Extra Working Tax Credit relating to a disability |  |  |
| Child Tax Credit at a higher rate than the family element |  |  |

**ACCOMMODATION**

What type of accommodation do you live in? Please tick.

|  |  |
| --- | --- |
| High Rise Flat |  |
| Maisonette |  |
| House |  |
| Temporary Accommodation |  |

**FAMILY NEEDS** – Please tick.

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Are you a lone parent? |  |  |
| Do you or any family member have a disability? |  |  |
| Are you a teenage parent? |  |  |
| Are you currently employed? |  |  |
| Are you currently studying / training? |  |  |

**ETHNIC ORIGIN** – Please, tick one category as appropriate.

|  |  |  |
| --- | --- | --- |
| White | Black – African | Black Caribbean |
| Black – Other | Indian | Pakistani |
| Bangladeshi | Chinese | Italian |
| Asylum Seeker | Any Other – Please specify |  |

**HOME LANGUAGE** – Please, tick one or more categories as appropriate.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| English |  | Spanish |  | Italian |  | Polish |  |
| Bengali |  | Cantonese |  | Gujarati |  | Hindi |  |
| Turkish |  | Punjabi |  | Portuguese |  | Urdu |  |
| Other |  | Please Specify: |  |  |  |  |  |

Name and age of siblings previously attended:……………………………………

………………………………………………………………………………………………..

Numbers and ages of children in the family:………………………………………

………………………………………………………………………………………………..

**NEEDS** – Please give details of any special reasons for wanting your child to have a nursery place.

**These should, where possible, be supported by a letter from your health visitor, doctor, speech therapist, social worker or Learning Support Service.**

**………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………**

**Signature of Parent / Guardian: …………………………………………………….**

**Print Name:..............................................Date: ………………………………**