A logo for a nursery school

Description automatically generatedSt Thomas Centre Nursery School

|  |  |
| --- | --- |
| Date Received |  |

Show of Interest

1. Child Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Forename | | Middle Name | | Surname | |
|  | |  | |  | |
| Preferred Forename | | Date of Birth | | Male |  |
|  | |  | | Female |  |
| Current Home Address | Post Code | | | | |
| Child Lives With | Name | | Relationship to Child | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |

2. Main Contact

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contacts | | | | |
| Priority Contact 1 | | Name | Relationship to child | |
| Mr/Ms/Miss/Mrs |  | |
| Address | | |
| Post Code | | |
| Telephones Numbers | | | | |
| Home Mobile |  | | Home Other |  |
|  |  | | Work Other |  |
| Email Address | | | | |
| Home Email |  | | Home Other |  |
| Work Email |  | | Work Other |  |

3. Place Required (all places are subject to availability)

|  |  |
| --- | --- |
| Preferred Start Date: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Beginning of the week 15 hours | Monday | Tuesday | | Wednesday | Tick preference |
| 8:45 – 3.00 | 8:45 – 3.00 | | 8:45 – 11:15 |  |
| End of the week  15 hours | Wednesday | Thursday | | Friday |  |
| 12:30 – 3:00 | 8:45 – 3.00 | | 8:45 – 3.00 |  |
| 30 hours | Monday to Friday | | 8:45 – 3.00 | |  | |

|  |  |  |
| --- | --- | --- |
| 15 hours 2-year-old -Funding  Code: | 15 hours 3-year-old -Funding | 30 hours 3-year-old -Funding  Code: |

Fee Paying Session Request / Top-up Sessions

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | | Tuesday | | Wednesday | | | Thursday | | Friday |
| Breakfast club | 8:00 – 8.45 | | 8:00 – 8.45 | | 8:00 – 8.45 | | | 8:00 – 8.45 | | 8:00 – 8.45 |
| After School Club | 3.00 – 4.30 | | 3.00 – 4.30 | | 3.00 – 4.30 | | | 3.00 – 4.30 | | 3.00 – 4.30 |
| School Day | FULL DAY | FULL DAY | | AM | | PM | FULL DAY | | FULL DAY | |

4. Additional Information Required

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| St Thomas Centre | | | | | |
| Have you attended any of the following at St Thomas Centre? | | | | | |
| Stay & Play | Yes | No | Family Team | Yes | No | |
| Training Course | Yes | No | Maternity Service | Yes | No | |
| Other… | | | | | | |

5. Previous Childcare Experience

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Previous School / Childcare Provision | | | | | | |
| 1 | Name | | | | Contact Person | Telephone Number |
|  | | | |  |  |
| Start Date | |  | Leave Date |  | Reason for Leaving |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Previous School / Childcare Provision | | | | | | |
| 2 | Name | | | | Contact Person | Telephone Number |
|  | | | |  |  |
| Start Date | |  | Leave Date |  | Reason for Leaving |  |

6. Other Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Other Information | | | | |
| Please provided as much detail as possible. | | | | |
| Childs medical conditions | Yes | No |  |
| Additional Needs | Yes | No |  |
| Allergies | Yes | No |  |
| Other Information | Yes | No |  |
| Do you have any concerns about your child? | Yes | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Professionals Involved | | | | | |
| Name & Contact Details | | | | | |
| Health Visitor | Yes | No |  | | |
| Family Support Worker | Yes | No |  | | |
| Social Worker | Yes | No |  | | |
| Speech Therapy | Yes | No |  | | |
| Other | Yes | No |  | | |
| I give consent for the nursery to contact the professionals listed above about my child using the contact details provided. | | | | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| Office Use | | | |
| Place Offered |  | Start Date |  |
| Notes/Communication |  | | |