St 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 -FundingCode:  |

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  |  |