



BERNARDS HEATH INFANT AND NURSERY SCHOOL

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NURSERY APPLICATION FORM BERNARDS HEATH INFANT AND NURSERY SCHOOL

PLEASE USE BLOCK CAPITALS

Child's details			
First name:			
Middle name:			
Surname:			
Date of Birth:	/ /	Gender:	M/F
Child's NHS number:	_ _ _ / _ _ _ / _ _ _ _		
Your relationship to the child: (e.g. mother/father/carer/ stepmother/father/ social worker)			
Do you have legal parental responsibility? Yes / No (please circle as appropriate)			
Your child's permanent address (at time of application)			
Children in Public Care <i>Is your child looked after, or was previously looked after and is now adopted, or with a child arrangements or special guardianship order?</i>		Yes/No	
At risk <i>Is your child or a sibling of your child, subject of an inter-agency child protection plan and has been placed on the Child Protection Register? (Please provide evidence with this form)</i>		Yes/No	
Special Educational Needs <i>Does your child have an Educational Health and Care Plan (EHCP)?</i>		Yes/No	
Social or medical reasons <i>Do you have a particular medical or social need to go to this school? (Please provide supporting evidence with this form)</i>		Yes/No	



Are you deferring your child's entry to reception until 2019?	Yes/No
Does your child have a sibling already in attendance at this school or at Bernards Heath Juniors? If yes enter their name and date of birth in the box below: Name of Sibling: _____ DOB: _____ Name of Sibling: _____ DOB: _____ Name of Sibling: _____ DOB: _____ Name of Sibling: _____ DOB: _____	Yes/No

Has your child previously attended an Early Years setting e.g. a Pre-School or Nursery? (If yes please write the name of the setting below)

Please complete the details for both parents if living at the same address:

Parent/carer 1 details		Parent/carer 2 details
Title:		
Forename:		
Surname:		
DOB:		
National Insurance Number:		
National Asylum Support Service (NASS) Number (if applicable):		
Address:		
Email address:		
Mobile Telephone number:		
Other contact number:		



Later in the Spring Term you will be asked for your preference of Nursery Session. At this point your preference is just giving us an early indication of needs and wishes of our prospective families. This is **not** confirmation of your place of preferred session.

Option	Session	Times	Criteria & Charges	State Preference 1 st 2 nd or 3 rd
Option 1	5 x Mornings	8.50am - 11.50am	Parental preference	
Option 2	5 x Afternoons	12.15pm - 3.15pm	Parental preference	
Option 3	2 ½ day Places 'All Day A'	Monday 8.50am - 3.15pm Tuesday 8.50am - 3.15pm Wednesday 8.50am - 1.00pm	Parental preference Lunch club charge each week, plus cost of an optional school prepared packed lunch (tbc).	
Option 4	2 ½ day Places 'All Day B'	Wednesday 12.15pm - 3.15pm Thursday 8.50am - 3.15pm Friday 8.50am - 3.15pm	Parental preference Lunch club charge each week, plus cost of an optional school prepared packed lunch (tbc).	

I will also require wrap-around care during the day (please tick): Yes No

Please specify below:

Breakfast Club Lunch Club After School Care 30 hours

I have a nanny/au pair/childminder to meet our wider needs

Other _____

I confirm that the details above are correct to the best of my knowledge. I agree that, in applying for a place Bernards Heath Infant and Nursery School, the school will be the primary provider for the universal 15 hours.

Signature of parent/carer:

Please print name:

OFFICE USE ONLY:	Date Received:	
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