

St John's Nursery Group

Redstone Lodge, Philanthropic Road, Redhill, Surrey. RH1 4DG.



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APPLICATION FORM TO JOIN ST JOHNS NURSERY LIST

(Please complete and return to the nursery)

Free Early Education funding for 2yr olds (FEET)								
Do you qualify? YES / NO See attached sheet (Delete as appropriate)								
Childs Full Name:		DOB:	Gender: F / M					
Name know as (if different from above)		Home Tel No:						
Home address (Including post code)								
nome address (including post code)								
Post Code: Names and address of Parents/Carers								
Names and address of Parents/Carers								
Name	Name	Name						
Address	Address							
Relationship to child:	Relationship to child:							
Tel Nos: Home Work Mobile	Tel Nos: Home Work Mobile							
Email:	Email:							
EYFS Statutory Guidance (Providers must record the following information for each child in their care)								
Name of person(s) whom have responsibility for the child named above			,					
Who has legal contact with the child								
Which parent/carer does the child normally live with?								
Any safeguarding/child welfare issues relating to the above named child								
Nationality:	Religion:							
Home Language:	Language(s) spoke by child:							
<u>Previous Setting Information</u> Has your child attend any other early year's setting prior to starting here? Yes / No If yes please give details:- Name and address of setting:-								

	ot give permission for St Johring the settling in period.	ın's Nursery G	roup to contact	the setting	/s listed ab	oove to sup	port		
	er Signatureete as necessary				_				
	one box only to indicate the	ethnic backgro	ound of the pup	oil named al	oove.				
()	 () British () Traveller of Irish Heritage () Any other white background 								
()	() White and black Caribbean () White and black African () White and Asian () Any other mixed background r Asian British								
() () Black or Bl	Indian Bangladeshi		akistani ny other Asian Background						
\ /	Caribbean Any other black backgroun se	()Africar d	1						
	her ethnic background, plea nt wish an ethnic background								
Is your child	l allergic to anything? (If so,	please state):							
gluten free					,	e. vegetaria	an,		
Does your o	child suffer from convulsions	or the effects	of any illness?	(If so, pleas	se state):				
Please give inhaler, epip	details of any health require pen)	ements that yo	ur child may ha	ave (i.e. tak	king any m	edication,			
No	child have any special educa			apist, occup	pational the	erapist or			
Has your ch	nild been immunised for:- (a) Whopping	cough, Diphthe	eria. Tetanı	ıs. Hib?				
(please tick	if appropriate)	(b) Polio? (c) Meningitis (d) MMR?		,	,				
	e give details:								
<u>Preferred s</u>		I -							
Preferred	Session Breakfast Club	Time 8:00 to 8:30	Mon	Tue	Wed	Thu	Fri		
sessions:	AM & Lunch Session	8:30 to 12:30)				+		
	PM Session	12:30 to 16:0					+		
	Extended Hours	16:00 to 17:0							
	ace has been offered to y nursery place.	ou a £50 non	-refundable	<u>registratio</u>	on free w	ill be chai	rged to		
Parent/Legal	Guardian's Signature:								
Name (Printe	ed):		Date:						
	us know where you heard	about							
us. (Word of m	outh / Flyer / Website / etc	·)							