WIRRALLogo



**Somerville Nursery School**

**2 YEAR OLD APPLICATION FORM**

School Somerville Nursery School

Address Brentwood Street

Wallasey

Wirral

CH44 4BB

Telephone 0151 638 1567

Head Teacher Mr Dickson

Date …………………………….

**Paul Boyce**

**Director of Children’s Services**



|  |  |
| --- | --- |
| Child’s Surname |  |
| Child’s First |  |
| Child’s middle name(s) |  |
| Known to family as |  |
| Sex of child |  |
| Date of birth |  |
| Child’s Religion |  |

|  |  |
| --- | --- |
| Name of Child’s Mother |  |
| Mother’s NI Number |  |
| Mother’s Permanent Address  Inc. Postcode |  |
| Mother’s Telephone number |  |
| Contact Email Address |  |
| Name of Child’s Father |  |
| Father’s Address (if different from above) |  |
| Father’s Telephone Number |  |

|  |  |
| --- | --- |
| Child’s First Language |  |
| Language spoken at home |  |

|  |  |
| --- | --- |
| Does your child stay with a childminder? | YES / NO |
| Has your child had any pre-nursery experiences | YES / NO |
| Please state name and address of childminder, playcentre, family centre, parent & toddler group etc |  |

|  |  |
| --- | --- |
| Please give the names and addresses of 2 people who live close to the nursery school that can be contacted in case of an emergency | |
| Name:  Relationship to child:  Address:  Tel Number: | Name:  Relationship to child:  Address:  Tel Number: |

|  |  |
| --- | --- |
| Name of family doctor |  |
| Doctors Address (incl Postcode) |  |
| Name of Health Visitor |  |
| Name of Social Worker | Phone No. |

|  |  |
| --- | --- |
| Medical Information | |
| Does your child suffer from any allergies? | YES / NO |
| Is your children asthmatic? | YES / NO |
| Is your child receiving speech therapy | YES / NO |
| Does your child have any other needs? | YES / NO |
| Is your child up to date with their immunisations? | YES / NO |
| Have you applied for a nursery place at any other school? | YES / NO – please provide information if you have answered yes |

|  |  |  |
| --- | --- | --- |
| Family Details | | |
| Name of children in the family  Oldest first | Date of Birth | Name of school (if appropriate) |
|  |  |  |
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|  |  |  |
| --- | --- | --- |
| Please indicate your preference below. We will endeavour to match your requirements where possible if your application is successful. | | |
| Morning Sessions | 9am – 12pm |  |
| Afternoon Sessions | 12.30pm – 3.30pm |  |
| Additional information to support your application | | |
| Two Year Funding Code (Funding comes into effect the term after you have obtained the funding code) | | |

Thank you for completed this application.

Places will be allocated at the end of the autumn, spring and summer terms.

Signature of parent/carer Date

**Please email the completed application form and a copy of your child’s birth certificate to**

[**schooloffice@somervillenursery.wirral.sch.uk**](mailto:schooloffice@somervillenursery.wirral.sch.uk)

**You should also direct any queries you may have to this email address.**