



NURSERY APPLICATION FORM

Admission to nursery in September, January
or April

Lockerbie Avenue, Leicester LE4 7NJ
Telephone 0116 2665656
www.herrick.leicester.sch.uk

The information contained on this form will be placed on our electronic records and held in keeping with the terms of the Data Protection Act of 1984

For Office Use Only

Date Received	Proof of Address	Birth Certificate / Passport	Start Date	AM/PM

Please enter your child's details:

Surname/ Family Name:				Child's Name:	
Date of Birth:	DD	MM	YYYY	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Country of Birth/Nationality					

To be completed by the child's parent(s), legal guardian(s) or carer(s)

Guardian 1 Full Name:	Guardian 2 Full Name:
Address: *	Address: *
Postcode:	Postcode:
HomeTel No:	HomeTel No:
Work Address:	
Work Tel No:	Work Tel No:
Mobile No:	Mobile No:
Email Address:	Email Address:
Relationship to Child:	Relationship to Child:
Date you moved to this address:	Date you moved to this address:

**The address above must be the address where the child normally lives and with the adult who has parental responsibility.*

Previous Childcare/Nursery Information

Name of present/previous childcare/nursery:

Address/Tel No.
If your child is not attending a nursery setting, please give the date your child last attended if applicable:

Special Needs Information	
Stage:	Category:
Services:	

Medical Information
Any allergies: (ie: Asthma, Diabetis, Nuts etc)

Family Information (please list your children with the oldest first)			
Name	Date of Birth	Gender	Current School / Nursery

Service Child: *	Yes	No	<i>*Please indicate whether anyone with parental responsibility for your child is a member of the Armed Forces.</i>
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Ethnic Group

Please tick only one box which best describes your child's Ethnic Group

- | | | |
|--|--|---|
| <input type="checkbox"/> White: British | <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Kurdish |
| <input type="checkbox"/> Irish | <input type="checkbox"/> White & Black African | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Traveller of Irish Heritage | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Black Caribbean |
| <input type="checkbox"/> Gypsy/Roma | <input type="checkbox"/> Indian | <input type="checkbox"/> Black Ghanaian |
| <input type="checkbox"/> Greek Cypriot | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Black Nigerian |
| <input type="checkbox"/> Kosovan | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Black Somali |
| <input type="checkbox"/> Turkish Cypriot | <input type="checkbox"/> Chinese | <input type="checkbox"/> Black Congolese |
| <input type="checkbox"/> Turkish | <input type="checkbox"/> Latin/South/Central American | <input type="checkbox"/> Albanian |
| <input type="checkbox"/> White Other
(Please Specify) | <input type="checkbox"/> Black other
(Please Specify) | <input type="checkbox"/> Other (Please Specify) |

Language Spoken At Home

Please tick only one box which best describes your child's First Language

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Gaelic (Scottish) | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> German | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Serbo-Croat |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Hebrew | <input type="checkbox"/> Somali |
| <input type="checkbox"/> British Sign Language | <input type="checkbox"/> Hindi | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Italian | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Creole (English) | <input type="checkbox"/> Japanese | <input type="checkbox"/> Swedish |
| <input type="checkbox"/> Creole (French) | <input type="checkbox"/> Korean | <input type="checkbox"/> Swedish |
| <input type="checkbox"/> Danish | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Lingala | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> English | <input type="checkbox"/> Luganda | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> Farsi (Persian) | <input type="checkbox"/> Norwegian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Finnish | <input type="checkbox"/> Panjabi | <input type="checkbox"/> Walloon |
| <input type="checkbox"/> French | <input type="checkbox"/> Pashto | <input type="checkbox"/> Welsh |
| <input type="checkbox"/> Gaelic (Irish) | <input type="checkbox"/> Polish | <input type="checkbox"/> Yoruba |
| <input type="checkbox"/> Please tell us any other language/s spoken at home | | |

Religion

Please tick only one box which best describes your child's Religion

- | | | |
|---|--|--|
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Hindu | <input type="checkbox"/> Roman Catholic |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Islam | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Jehovah's Witness | <input type="checkbox"/> Seventh Day Adventist |
| <input type="checkbox"/> Christian CE | <input type="checkbox"/> Methodist | <input type="checkbox"/> No Religion |
| <input type="checkbox"/> Other Christian | <input type="checkbox"/> Muslim | |
| <input type="checkbox"/> Greek Orthodox | <input type="checkbox"/> Russian Orthodox | |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Pentecostal | |
| <input type="checkbox"/> Any Other (Please Specify) | | |

