



**LITTLE SQUIRRELS NURSERY**  
**At Redgate Community Primary School**

**Redgate**

**Formby**

**L37 4EW**

**Headteacher Mrs Suzanne Webb BA Hons; QTS; NPQH**

**Tel : 01704 828140**

**Email: [finance@redgateprimary.com](mailto:finance@redgateprimary.com)**

**APPLICATION FORM**

**CHILD'S DETAILS**

Full Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ GENDER \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

POSTCODE \_\_\_\_\_ HOME TEL \_\_\_\_\_

ETHNICITY \_\_\_\_\_ 1<sup>st</sup> LANGUAGE \_\_\_\_\_

**PARENT/ CARER INFORMATION**

**Contact 1**

Full Name \_\_\_\_\_ Tel: \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NATIONAL INSURANCE NO. \_\_\_\_\_ D.O.B. \_\_\_\_\_

PLACE OF WORK \_\_\_\_\_ WORK TEL \_\_\_\_\_

**Contact 2**

Full Name \_\_\_\_\_ Tel: \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POSTCODE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

NATIONAL INSURANCE NO. \_\_\_\_\_ D.O.B. \_\_\_\_\_

PLACE OF WORK \_\_\_\_\_ WORK TEL \_\_\_\_\_



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**MEDICAL**

MEDICAL/HEALTH CONDITIONS \_\_\_\_\_

ANY CURRENT DIAGNOSES \_\_\_\_\_

UP TO DATE WITH IMMUNIZATIONS YES/NO

DATE AND RESULT OF LAST HEARING TEST \_\_\_\_\_ EYE TEST \_\_\_\_\_

PREVIOUS CHILDHOOD ILLNESSES E.G. CHICKEN POX, MEASLES, PREVIOUS HOSPITAL ADMISSIONS

**ALLERGIES**

ALLERGIES/DIETARY CONDITIONS \_\_\_\_\_

**PROFESSIONAL INVOLVEMENT**

DOCTOR - NAME \_\_\_\_\_ TEL: \_\_\_\_\_

SURGERY \_\_\_\_\_

HEALTH VISITOR - NAME \_\_\_\_\_ TEL: \_\_\_\_\_

**OTHER PROFESSIONAL(S)**

SOCIAL CARE - NAME \_\_\_\_\_ TEL: \_\_\_\_\_

PORTAGE - NAME \_\_\_\_\_ TEL: \_\_\_\_\_

PEDIATRICIAN - NAME \_\_\_\_\_ TEL: \_\_\_\_\_

SPEECH AND LANGUAGE - NAME \_\_\_\_\_ TEL: \_\_\_\_\_

OTHER \_\_\_\_\_



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**HISTORY AND PREVIOUS EDUCATION**

PLEASE PROVIDE A BRIEF HISTORY OF DEVELOPMENT I.E. BIRTH, GENERAL DEVELOPMENT

SIBLING(S) - NAME(S) \_\_\_\_\_ AGE(S) \_\_\_\_\_

DOES YOUR CHILD ATTEND ANOTHER CHILDCARE SETTING (NAME) \_\_\_\_\_

PREVIOUS CHILDCARE PROVIDERS \_\_\_\_\_

DOES YOUR CHILD RECEIVE ANY ADDITIONAL SUPPORT E.G.. 1-1 SUPPORT, SPEECH AND LANGUAGE \_\_\_\_\_

DOES YOUR CHILD HAVE AN EHCP YES/NO

**SESSIONS AND PAYMENT**

PLEASE INDICATE DAYS AND TIMES REQUIRED BELOW

REQUESTED START DATE \_\_\_\_\_

PREFERED PAYMENT METHOD \_\_\_\_\_

FOR 3 YEAR OLD CHILDREN WITH A 30 HOUR ENTITLEMENT TO FREE CHILDCARE, PLEASE ENTER YOUR CODE BELOW. PLEASE REMEMBER THAT THIS CODE SHOULD BE UPDATED BEFORE THE END OF EVERY TERM FOR THE FOLLOWING TERM BY VISITING <https://www.childcarechoices.gov.uk/>

30 HOUR CODE \_\_\_\_\_

FOR 2 YEAR OLD CHILDREN WHO QUALIFY FOR THE 2 YEAR OLD OFFER OF 15 HOURS FREE CHILD CARE PLEASE ENTER THE CODE BELOW.

15 HOUR CODE \_\_\_\_\_



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### **EMERGENCY CONSENT**

IN THE UNFORTUNATE EVENT THAT YOUR CHILD MAY NEED MEDICAL OR HOSPITAL TREATMENT, LITTLE SQUIRRELS NURSERY WOULD LIKE TO ASSURE YOU THAT YOU WOULD BE CONTACTED IMMEDIATELY SO THAT YOU MAY ACCOMPANY YOUR CHILD. HOWEVER IF WE ARE UNABLE TO CONTACT YOU, A MEMBER OF STAFF WILL ACCOMPANY THE CHILD TO THE HOSPITAL IN AN AMBULANCE FROM THE SETTING.

Please note that the following page is our permission page. Please read the following information carefully as this relates to our photography consent. If you have any questions or queries about anything on the form, you speak to a member of staff.

Little Squirrels Nursery fully recognises its duties and obligations under the Data Protection Act and undertakes that all steps will be taken to ensure that the photographs will be used in an appropriate manner, stored in a controlled location, and that personal data regarding identities of the subjects will not be printed.

1. Consent to share information – Little Squirrels Nursery will work in partnership with other agencies e.g. health and education. Please state if you would/would not give your permission for information to be shared to provide high quality services to your child and your family.

Yes      No

Signed.....

...

2. I give consent for staff and other agencies such as Ofsted inspectors, Health Visitors, to carry out and record observations on my child for the purpose of developmental assessment including the '2 year progress check'. Please note a copy of the 2 year check will be shared with yourselves by your child's key worker.

Yes      No

Signed.....

...



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3. \*I give consent for photographs to be taken and filed for the purpose of developmental records and to be displayed in and around the Nursery.

Yes No

Signed.....  
...

4. \*I give consent for photographs (unnamed) to be used for brochures and other marketing publications, such as the newspaper.

Yes No

Signed.....  
.....

5. \*I give consent for unnamed photographs of my child at play, to be placed on the Nursery/School website

Yes No

Signed.....  
.....

6. I agree to my child being photographed/filmed for use on Twitter

Yes No Signed

.....

7. I agree to my child being photographed/filmed for use on Social Media

Yes No Signed

.....

8. I give consent for a member of staff to apply sun cream/nappy cream to my child and understand I need to supply this. Due to health and safety we are not allowed to apply Bonjela.

Yes No

Signed.....

9. I give consent for my child to go on outings within walking distance of the Nursery.

Yes No

Signed.....



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...

10. I give consent for a member of staff to clean my child's face and hands with Face Wipes, for sensitive skin.

Yes      No

Signed.....

...

**If No, you must provide an alternative.**