



Registration Form

Form PAE – Application form for Admission to a Nursery Class attached to a Primary/Infant School

*You are advised to read the booklet “Schools in Suffolk – A Parents Guide” before filling in this form.
(Copies are available from your child’s local school or your Area Education Office.)*

NB: Admission to Evergreen Nursery DOES NOT guarantee a full-time place in Abbots Green Academy to which the nursery is attached. A separate application for a full time school place MUST be made to Suffolk County Council at the appropriate time.

Children transfer from Nursery to Reception Classes in the September following their 4th birthday, when a reception class place has been applied for and offered via Suffolk County Council Admissions Team.

See www.suffolk.gov.uk/admissions for full information.

PLEASE PRINT IN CAPITAL LETTERS

CHILD INFORMATION:		
Child’s surname:	Forenames:	
Child’s known as surname (if applicable):		Male/Female:
Date of Birth:	Number of Siblings:	
PARENT / GUARDIAN INFORMATION:		
Surname:	Forename:	Title: Mrs/Miss/Ms Date of Birth:
Full Address:		
Postcode:	Telephone No:	Mobile No:
Relationship to child:		
e-mail address:		
PARENT / GUARDIAN INFORMATION:		
Surname:	Forename:	Title: Date of Birth:
Full Address:		
Postcode:	Telephone No:	Mobile No:
Relationship to child:		
e-mail address:		

WORK PLACE OF PARENTS / GUARDIAN DURING THE DAY

(Please include the telephone number and put the time if part-time.)

Name: Work name & address:	Telephone No: Extension No:
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Working hours if during the school day:	
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Name: Work name & address:	Telephone No: Extension No:
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Working hours if during the school day:	
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EMERGENCY CONTACTS:

(Please provide the details of someone who can be contacted if neither parent is available.)

Emergency Contact (Name):	Telephone No: Mobile No:
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Address:	Relationship to child: Relation/Friend/Neighbour
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Emergency Contact (Name):	Telephone No: Mobile No:
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Address:	Relationship to child: Relation/Friend/Neighbour
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Please provide a password. We will not allow your child to leave the nursery with anyone who cannot give us the password.
Password:

A parent with whom the child does not live who wishes to have contact with the school:

Name:

Address:

Telephone No:	Mobile No:
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Email:

MEDICAL INFORMATION: (In case of emergency)

Name of Doctor/Surgery:	Telephone No.
NHS Medical No:	
Health Visitor:	Telephone No:
Does your child have any medical condition? e.g. asthma, eczema, allergies	
Does your child need to take any medication?	
Does your child have any additional needs? e.g. hearing/visual impairment	

Has/is your child seen/is seeing any of the following professionals?

Health Visitor:	Advisory Teacher:
Speech & Language Therapist:	Educational Psychologist:
Occupational Therapist:	Paediatrician:
Family Support Worker:	Physiotherapist:
Other:	

If you answered Yes to any of the above, please provide more information below:

In order to develop inclusive practice within our Nursery, it may be necessary to seek advice from other professionals from time to time on how to adapt our practice to meet individual needs. Please sign to acknowledge your agreement with this:

Signature.....
Full name:.....
Parent/Guardian (please delete as appropriate)

OTHER INFORMATION

Is your child:	
Looked After (children in care) Yes / No	
Previously Looked After (but ceased to be so) because they were:	
(a) Adopted	Yes / No
(b) Subject to Child Arrangements Order	Yes / No
(c) Special Guardianship Order	Yes / No

If you have answered Yes to any of the above questions, please provide more details below:

Alternatively, please bring in the official Court paperwork for us copy for the Child's Record file.

Is your child the subject of a recognised Child Protection Plan (under current legislation and drawn up by Social Care Services) where a specific nursery placement is identified? Yes / No

Please provide details:

Are you or your partner employed by Unity Schools Partnership Academy Trust? Yes / No

Does your child have any siblings who are already attending Abbots Green Acadmey or who have already been offered a place and will still be here at the time of admission? Yes / No

Other children in family:

Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:
Name:	Date of Birth:

*(Please note, priority will be given, where necessary, to applications where there is the smallest age gap. If you have more than one child at the Academy, your **youngest child** will be taken into consideration).*

ETHNIC ORIGIN

We are required by the Department of Education and Skills to ask for information on ethnic origin. **Please can you tick the one box which best describes your child's ethnic origin.**

White:		Asian or Asian British:	
English	Irish	Indian	Pakistani
Welsh	Scottish	Bangladeshi	
Gypsy/Roma/Traveller	Any other Asian background <i>(please specify)</i>		
Other: <i>(please specify)</i>			
Mixed: White and Black Caribbean	Black/Black British: Caribbean		
White and Black African	African Other		
White and Asian	Other minority ethnic group (please specify)		
Any other mixed background			
Chinese:	Parent declined to say		
Language spoken at home:	Religion:		

ADDITIONAL INFORMATION

In order to place your child on our Waiting List, we requirement payment of a non-refundable Registration Fee of £30.00 with this application form.

Some children are entitled to part time early education from the beginning of the term following their 2nd birthday.

All children are entitled to part time early education following their 3rd birthday. They are entitled to 15 hours a week free early education for 38 weeks a year.

We accept 30 Hour Funding (please check your eligibility via the Suffolk Family Information Service online at www.suffolk.gov.uk/fsd Telephone: 0345 60 800 33 email: childcare.planning@suffolk.gov.uk or the website: www.suffolk.gov.uk/30hours

Also for some 2 year olds - Golden Tickets, Early Education Funding/pre-school education options may be available. Please use the online checker to see if your child is eligible – www.suffolk.gov.uk/two

Please note, if you are not eligible for 2 year old funding but would still like your child to attend our Nursery, please note all sessions are payable for in accordance with our Early Years Nursery Fees Policy.

Please indicate your preferred Start Date here: Please note, this may have implications on what we can offer you depending on what spaces are available.

PARENTAL DECLARATION

This information is true to the best of my knowledge and belief. I understand that if a place is offered on the basis of any false information given by me, the place can be withdrawn at any time by the Unity Schools Partnership.

I understand that it is my responsibility to check the funding that my child may be entitled to and that all other sessions are payable as per the table of costs shown on the reverse of this form.

I have read and understand the terms and conditions for the Evergreen Nursery and will adhere to this at the point of which a place has been offered.

Parent/Guardian Signature

Full Name (please print)

Date of Signature

FOR OFFICE USE ONLY

Evergreen Nursery Brochure given	Date Deposit taken
Birth Certificate seen Yes No	Earliest Start Date
Passport Seen Yes No	Passport Number
Date Admitted	UPN
Maple / Oak Room	PAF form received
Eligible for 30 Hour funding: Yes No	Childcare Vouchers used: Yes No
	Golden Ticket used: Yes No

