



WELCOME TO ORCHARD VALE NURSERY!



ventrus
Multi Academy Trust

Nursery application form

DETAILS ABOUT YOUR CHILD

Full Name			
Gender			
Date of Birth (Certificate required)		Religion (If any)	
Home Address (This must be where the child is normally resident, Including Post code)			

DETAILS ABOUT YOU

Name of Parent/Guardian			
Home Address (If different from above)			
Telephone	Home		
	Mobile		
	Work		
Email Address			
Your relationship to the child			
Do you have parental responsibility to the child?			
Emergency Consent (e.g. the school has permission to give/arrange/emergency treatment)		Yes/No <i>(Please delete as appropriate)</i>	
Emergency Contacts <i>(Minimum of two)</i>			
Name: Relationship to Child: Address: Mobile: Home: Email:		Name: Relationship to Child: Address: Mobile: Home: Email:	

Details of siblings

Full Name	D.O.B	School/s (if applicable)

Nursery Sessions



- 8.30am - 11.30am **only** (3 hours) - Morning sessions
- 12.30pm - 3.30pm **only** (3 hours) - Afternoon sessions
- 8.30am - 3.30pm **ALL DAY** - 7 hours total to include lunchtimes

N.B If you would like to stay for the lunchtime session, either at the end of the morning session or before the afternoon session, we are happy to accommodate that.

Please tick the following statement that would apply to you and your entitled hours:

I would like to use my universal 15 hours funded ☐

I would like to use my 30 hours Extended Entitlement ☐

I have completed the online eligibility calculator, my unique 11 digit code is _____

(appropriate checks will be made before the confirmation of 30 hrs entitlement)

I hereby give permission for my details to be shared with Devon County Council:

Signed..... National Insurance Number.....

Date.....

MEDICAL INFORMATION

GP's Name	Surgery Address	Telephone Number

Are your child's immunisations all up to date? (Please delete as appropriate)

MMR? Y/N	Pre School Booster? Y/N
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Does your child suffer with any of the following conditions (please tick all those relevant)

Eczema Heart condition Fits/convulsions Diabetes Speech difficulties

Problems with muscles/bones/joints Severe headaches/migraines Urine infections

Hearing / Vision Hayfever

Are there any other illnesses the school should be aware of (please specify)

Has your child had any serious illnesses/accidents that required hospitalisation:

MEDICAL INFORMATION Cont.

Please provide any further concerns you would like to mention / ongoing investigation for a medical condition:

Is your child taking regular prescribed medication at home (outside school hours) Yes/No Please specify:

Please provide and further concerns you would like to mention / ongoing investigations for a medical condition:

Does your child have any special medical dietary requirements (as confirmed by a GP):

Was your child's 2 year old health check in person or virtual/over the phone?

Does your child have a good sleep routine?

When was your child's last hearing test (approximately)?

When was your child's last eye test (approximately)?

ALLERGIES

What is your child allergic to:

What are the symptoms:

If treatment is needed, please provide details:

ASTHMA



Does your child suffer from Asthma? Yes/No

When was your child diagnosed with Asthma?

What triggers your child's asthma (if known)?

Is your child's asthma (please tick as appropriate):

Mild – uses reliever blue inhaler occasionally

Moderate – uses preventer and occasionally blue inhaler

Severe – uses preventer, regular reliever and other medication

Does your child have disrupted sleep due to his/her asthma (please tick as appropriate):

Rarely Occasionally Frequently

How often is your child seen by the hospital / GP/ Practice Nurse (please tick as appropriate):

Only when he/she has an asthma attack On a 3-6 monthly (or more frequent basis)

Annual check by GP

What inhalers / medication has your child been prescribed?

Reliever (Name):

Preventer (Name):

Other (Name):

OUTSIDE AGENCIES



Does your child have an Educational Health Care Plan Yes No

Has your family or child had contact with any of the following:-

Child Family Guidance Education Psychologist Yes No

Educational Welfare Officer Yes No

Speech Therapist Yes No

Child Development Centre Yes No

Social Worker Yes No

Other agencies/information the school needs to be aware of (please specify):

Ethnic/Cultural

Our ethnic background describes how we think of ourselves. This may be based on many things, including, for example, our skin colour, language, culture and ancestry or family history. **Ethnic background is not the same as nationality or country of birth.** The information commissioner recommends that young people ages 11 years old or above have the opportunity to decide their own ethnic identity. Parents, or those with parental responsibility, are asked to support or advise those children aged over 11 in making this decision wherever necessary.

Please tick one in each of the three categories (Ethnicity, Home language/Mother Tongue and Religious Affiliation)

ETHNICITY

White

British ____
Irish ____
Traveller of Irish Heritage ____
Gypsy/Roma ____
Greek/Greek Cypriot ____
Turkish/Turkish Cypriot ____
Western European *Note 1* ____
Eastern European *Note 2* ____
Other *Note 3* ____

Mixed

White & Black Caribbean ____
White & Black African ____
White & Asian ____
Any other mixed Background ____

Asian and Asian British

Indian ____
Pakistani ____
Bangladeshi ____
Any other Asian Background ____

Black or Black British

Caribbean ____
African ____
Any other Black background ____

Chinese

Hong Kong Chinese ____
Other Chinese *Note 4* ____

Any Other Ethnic Background

Afghan ____
Arab *Note 5* ____
Filipino ____
Iranian ____
Japanese ____
Malay *Note 6* ____
Thai ____
Any other Ethnic group *note 7* ____

NOTES:

1. Western European includes: Italian, French, German, Spanish, Portuguese and Scandinavian.

2. Eastern European includes: Russian, Latvian, Ukrainian, Polish, Bulgarian, Czech, Slovak, Lithuanian and Romanian.

3. Other White Background includes:

any white category not previously mentioned e.g. Albanian, Australian, Bosnian-Herzegovina, Canadian, Croatian, Kosovan, New Zealander, North American, Serbian/Yugoslavian.

4. Other Chinese includes: Mainland Chinese, Malaysian Chinese, Taiwanese, any other non-Hong Kong Chinese.

5. Arab includes: Palestinian, Kuwaiti, Jordanian and Saudi Arabian.

6. Malay includes: Malaysian other than Malaysian Chinese (see note 4).

7. Any other Ethnic group includes any ethnic group not previously mentioned e.g. Egyptian, Iraqi, Korean, Kurdish (Inc. Kurdish pupils from Iraq, Iran and Turkey), Latin/South/Central American (Inc. Cuban and Belizean), Lebanese, Moroccan, Polynesian (Inc. Fijian, Tongan, Samoan & Tahitian), Vietnamese, Yemeni.

HOME LANGUAGE/MOTHER TONGUE

Note to School: please ensure that the 'Mother Tongue' category is also completed from the information given below.

Bengali ____
Chinese ____
English ____
Greek ____
Gujarati ____
Hindi ____
Italian ____
Punjabi ____
Portuguese ____
Spanish ____
Turkish ____
Urdu ____
Other * ____
Decline to Answer ____

RELIGIOUS AFFILIATION

Baha'i ____
Buddhist ____
Christian: Anglican ____
Christian: Roman Catholic ____
Christian: Other ____
Hindu ____
Jewish ____
Muslim ____
Sikh ____
Other* ____
No Religion ____
Decline to Answer ____
*Please Specify

I do not wish an ethnic background category recorded on file ☐

This application form has been completed by.....Parent/Guardian

Signed.....Print.....Date.....

Please return your completed application form to the school office.

Orchard Vale Community School
Westacott Road
Barnstaple
Devon
EX32 8QY

Head Teacher – Fiona Pearce



ORCHARD VALE COMMUNITY SCHOOL - NURSERY



Terms and Conditions

Notes for Guidance

Parties to the Contract. It is essential that the names and addresses of all parents/guardians are held, including the address of residence of your child. It is also important that all matters relating to access and custody of the child are recorded.

Public Liability Insurance. It is a requirement that we hold Public Liability Insurance and the insurer, policy number and expiry date are duly noted.

Name of Child. It is important that the full name of your child is recorded and any name by which your child is known, if this is different.

Particular Needs of the Child. It is important for us to know if your child has any specific needs with regard to diet, religion, culture or health. These should be discussed fully.

Bringing/Collecting Children. It is important that you advise us of who will normally bring and collect your child. We will **not** release a child into anyone's care other than those persons originally sanctioned by you, unless your specific express permission has been received in good time. It is important for you to advise us if there is any change in circumstances regarding access, residence or contact.

Contracted Hours. It is important to note that all additional hours you choose for your child to undertake, are in place for one term and cannot change during that term. If changes to additional hours are required, you should speak to the Head of Foundation to discuss implementing the change to additional hours in the following term.

Statutory Public Holidays. If a statutory public holiday falls within the normal contracted hours, then we will **not** charge you as normal, as the nursery will be closed.

Parental/Child Sickness. In the event of either you or your child being unable to attend due to sickness, then **we will** charge the full rate, as per the contracted hours.

Parental/Child Holidays. In the event of the parent or child not attending due to holidays, then **we will** charge you the full rate, as per the contracted hours.

Closure. In the unlikely event that we are closed or unable to provide care, then **no fee** will be payable for the contracted hours care is unavailable.

Fees due. All Nursery fees are payable, in advance, in two equal instalments. These instalments are payable at the beginning of each half term, for the term being billed for. **If fees are unpaid, the Nursery reserve the right to withdraw the additional 'paid hours' at any time.**

Contract Termination. Under normal circumstances, both parties may terminate this contract, ideally giving one half term's calendar notice.

Parent to sign:

Signed: _____ Print Name: _____

Date: _____