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| **ACE DAY NURSERY**  **APPLICATION FORM**  6A Priory Road, Cambridge, CB5 8HT  Tel: 01223 366355  [www.ace-nursery-school.org.uk](http://www.ace-nursery-school.org.uk)  contact@acedaynursery.org.uk |  |

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| please enter your child’s details | | | | | | | | | | | | |
| First Name: |  | | | | Last name(s): | |  | | | Date of Birth: |  | |
| Female | | Male | | (Please circle relevant box) | | | | | | | | |
| First Language: | | | |  | | | | | | | | |
| Have you had any connection with ACE Day Nursery or ACE Nursery School before? | | | | | | | | Yes | | | No | |
| If yes, please give further details: | | |  | | | | | | | | | |
| Preferred sessions – 2 full days is the minimum requirement | | | | | | | | | | | | |
|  | | | | | | mon | | tue | wed | | thur | fri |
| 8.30am – 5.30pm | | | | | |  | |  |  | |  |  |
| month and year in which you would like your child to join the day nursery | | | | | | | | | | | | |
| Month: | | | | | |  | | Year: | | | 20 | |

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| **PLEASE ENTER PARENT/GUARDIAN DETAILS** | **Parent 1** | **Parent 2** |
| Name: |  |  |
| First language: |  |  |
| Home address: | Postcode: | Postcode: |
| Home telephone number: |  |  |
| Mobile number: |  |  |
| e-mail address: |  |  |

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| medical information |
| Does your child suffer from any medical problems? If yes, please give details and continue on a separate sheet if necessary: |
|  |
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| Does your child have any distinguishing marks? |

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| --- | --- | --- |
| Is there an EHA (Early Help Assessment) in place? | Yes | No |
| Is the District Team or Social Care involved with the child and family? | Yes | No |
| Is there any other information you would like us to know about you, your child or your family? | | |
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| **Your child will have the opportunity to move to ACE Nursery School (at a mutually agreed date).**  **Please note we are unable to guarantee the same sessions at the Nursery School.**  **If your child transfers to the Nursery School, he/she will need to attend the Day Nursery right up until the point of transfer, with the same sessions that he/she has had in the months prior to the transfer.**  **The Nursery School operates a separate waiting list.** | | |
| **PRIVACY STATEMENT:** We will only use this information in order to process your application. We will not use this information for marketing. We will not share this information with any third parties, unless required to do so by our safeguarding procedures. Once this information is no longer required, we will destroy it. For more details, please refer to our data protection policy and privacy notice <http://www.ace-nursery-school.org.uk/policies1.html> | | |
| Date of application: Signature: | | |
| **NURSERY COMMENTS:** | | |