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| ACE NURSERY SCHOOL  APPLICATION FORM  37 Parkside, Cambridge, CB1 1JE  Tel: 01223 357181  [www.ace-nursery-school.org.uk](http://www.ace-nursery-school.org.uk)  ace\_nursery@tiscali.co.uk | ANS New logo no 50 |

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| please enter your child’s details | | | | | | | | | | | | | | | | | | | | | |
| First Name: |  | | | | | | Last name(s): | | | |  | | | | | | Date of Birth: | |  | | |
| Female | Male | | (Please circle relevant box) | | | | | | Child’s home language: | | | | | | | | | | | | |
| Previous Nursery Experience: | | | |  | | | | | | | | | | | | | | | | | |
| Have you had any connection with ACE Nursery School or ACE Day Nursery? | | | | | | | | | | | |  | | | | | | | | | |
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| Preferred DAYS – MINIMUM requirement of two standard days per week | | | | | | | | | | | | | | | | | | | | | |
| Sessions | | | | | | | | mon | | | | | tue | | wed | | | thur | | | fri |
| Early Morning 8.30 – 8.45 | | | | | | | |  | | | | |  | |  | | |  | | |  |
| Standard Day 8.45 – 4.00 | | | | | | | |  | | | | |  | |  | | |  | | |  |
| After School Club (short) 4.00 – 4.30 | | | | | | | |  | | | | |  | |  | | |  | | |  |
| After School Club (long) 4.00 – 5.30 | | | | | | | |  | | | | |  | |  | | |  | | |  |
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| term in which you would like your child to join the nursery school | | | | | | | | | | | | | | | | | | | | | |
| Please note that the main intake is in September each year | | | | | | | | | | | | | | | | | | | | | |
| Autumn | |  | | | Spring | | | | |  | | | | Summer | |  | | | | 20 | |
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| Expected length of stay at ACE: | | | | | |  | | | | | | | | | | | | | | | |

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| **contact details of parents/legal guardians** | | |
| Names of Parent(s)/Legal Guardian(s): | | |
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| Home address: |  |  |
|  | |  |
| Postcode: |  |  |
| Home number: |  |  |
| Mobile number: |  |  |
| Work number: |  |  |
| E-mail address: |  |  |

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| medical information |
| *Please note that children move over three levels to access all activities.* |
| 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 Early Help Assessment (EHA) 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 situation? | | |
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|  | | |
| Date of application: | | |
| Signature: | | |

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| school comments |
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**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 [www.ace-nursery-school.org.uk/policies](http://www.ace-nursery-school.org.uk/policies)