



Lawn Primary
and Nursery School

INITIAL CONTACT FORM



Lawn Primary
and Nursery School

1) CHILD'S DETAILS

Surname (legal)	Surname (preferred)	Date of Birth
Forenames (underline preferred)		Gender (please circle) Male Female
Home Address (Including Post Code)		

2) FIRST PARENT/GUARDIAN

Title	First Name	Surname
Parental Responsibility: Yes / No		Relationship To Child:
Email Address:		
Home Address:		
Mobile No:		
Home/Work No:		
N.I Number:		

3) SECOND PARENT/GUARDIAN

Title	First Name	Surname
Parental Responsibility: Yes / No		Relationship To Child:
Email Address:		
Home Address:		
Mobile No:		
Home/Work No:		
N.I Number:		

4) SIBLINGS

Please list names and dates of birth of siblings currently at Lawn Primary & Nursery School

Name:	DOB:
Name:	DOB:

5) ADDITIONAL INFORMATION

Please give full details of any additional needs that we need to be aware of for your child
(All information is strictly confidential)

Medical Needs :
Special Educational Needs:
Communication and Language: Is your child exposed to another language at home? Please confirm what language(s)
Physical Needs:

Behavioural Needs:

Dietary Needs:

Toilet Trained: Yes / No

Any other outside agency involvement e.g. Social Worker /Health Visitor/ Early Help/ Speech & Language/Physio Educational Psychologist or Occupational Therapy: Yes / No
If Yes - Please give details

6) SESSIONS (Provision and hours required)

Please give details of ALL the sessions your would like your child to attend.
A full week in our nursery setting is 32.5 hours (6.5 hours per day)

2 Year Old Provision (Saplings)							<i>Please Tick</i>
3/4 Year Old Provision (Bluebells)							<i>Please Tick</i>
	Mon	Tue	Wed	Thu	Fri		
Morning Session 08:40 - 11:40							<i>Please Tick</i>
Lunchtime 11:40 - 12:10							<i>Please Tick</i>
Afternoon Session 12:10 - 15:10							<i>Please Tick</i>

If you would like your child to attend our nursery full-time, you will use your free 30-hour funded entitlement, with an additional charge to cover the extra 2.5 hours.

Is your child attending/attended another Nursery setting, if so, please provide information

Name of Setting:	
Number of hours attending:	
Contact Number:	
Email Address:	

7) FUNDING

Please give full details of you funding including your eligibility codes.

Early Learning for 2-year olds: 15 hours of early learning each week Please give your 6 digit alpha/numeric code				<i>Please Tick</i>
30 Hours of Childcare: For children aged 2 to 4 years old Please give your 11 digit eligibility code				<i>Please Tick</i>
15 Hours of Childcare for all families: For all families with children aged 3 to 4 No code required				<i>Please Tick</i>

Signed:	
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Parent Name:	
Date:	

Office Use Only
Date Received
Date Parent Contacted
Hours Offered
Offer Sent

Starting in Term : Sept / Jan / April
Start date :

Other Information