RIVERVIEW CHURCH OF ENGLAND PRIMARY SCHOOL AND NURSERY APPLICATION FOR A NURSERY PLACE (CONFIDENTIAL)

Child's first name :	Child's Surname:	
Boy/Girl	Mother's surname (if different)	
Child's date of birth:	All children in the family (please list in order)	
Address :	Contact phone numbers : Home Mother (mobile)	
Address of parent/s (if different from above)	Mother (work)	
	Other contact (Name / Relationship to Child / Contact number)	
Which language is spoken at home?	Do you have parental responsibility? Mother - Yes / No Is this a single parent family? Yes / No	
Mother's profession (if applicable) Father's profession		
Name of childminder (or crèche)		
Name of Social Worker (if applicable)		
What is your religion?		
Name and address of doctor	Telephone Number:	
Is your child up-to-date with all their immunisations? (e.g., MMR) YES / NO		
Please give dates if possible		

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Name of health visitor (if known)		
Are there any medical problems we should know about or regular medication?		
Has a statement been started?	YES / NO	
Have you chosen a primary school? If so, which one?		
Is the child registered at a playgroup? If so, which one?		
Have any other children in the family attended Riverview? If so, please give their names.		
Please tick	□ 2 ½ days (Mon – Weds)*	
*0900 -1500 Monday & Tuesday and 0900 -1200 Wednesday		
PLEASE NOTE: Admission to the nursery does not gu	arantee a place in the main school.	
Applications need to be made to Surrey County Council on-line.		
Please sign and date below :		
SIGNED :		
(Please PRINT NAME :	.)	
Although we will do our best to offer your child a place at Riverview Nursery, we cannot make any definite promises. Every child will be considered on individual needs and in accordance with our Nursery Admission Policy.		
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Additional information to be completed for the Class Teacher:		

Is your child dry?	Yes / No
Has your child attended a Language or Social Skills group?	
Do you have any worries about speech or hearing?	
Has your child had speech therapy? If 'Yes', please provide details about the therapy received.	Yes / No
Has the child any identifiable special needs? If so, what are they?	Yes / No