

Chelsea Open Air Nursery School Education Admission Form



If you would like any help completing this form, please ask a member of staff.

Family Information Child's Surname						
Address						
Post Code Telephone Number						
Date of Birth						
Child's Position in Family 1 2 3 4 5						
Mother's Full Name Father's Full Name						
Email Address						
Additional Information Language(s) Spoken at Home						
Has your child attended any previous setting(s)? Yes / No If Yes, please provide further details						
If you have had another child here, who was your Key Worker?						
Does your child have any special educational needs? Yes / No If Yes, please give details						
Is your child in a two year pilot scheme place? Yes / No If yes, where?						
Does your child qualify for Free school Meals? Yes / No						
Do you claim any of the following? Working families Tax Credits Income support Job seekers Allowance Student Support Employment strategy support for childcare Financial support from NASS.						
Medical Information						

Does your child have any medical needs? Yes / No

If Yes, please give details

Your child will		of funded nursery	education in the firmour funded place, place		ollowing information.		
£115.	All parents in the household work the equivalent of 16 hours a week and earn at least £115.20 per week (if over the age of 25) and £107.20 per week (if between the ages of 21-24).						
\square No on	o No one parent in the household earns over £100,000.						
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•	workplace on parental, maternity, paternity or adoption leave. Both parents are employed, but one or both parents are away from the workplace on						
	parents are empi tory sick pay.	oyea, but one or	both parents are	away Irom The	workplace on		
□ One p	, , ,	d and one paren	t is disabled or inc	capacitated bas	sed on receipt of		
□ One p			t has substantial (caring responsil	oilities based on		
30hr Voucher Code:			National 1	National Insurance Number:			
Tf we are not	able to offer you f	ree full time prov	ision or if you only w	vant a nart time n	lace, which provision		
would you pre-	· ·	ree full time prov	ision, or 11 you only w	ram a par i imie p	idee, writeri pi ovision		
Mornin	g Place: 8.45-11.45	AM		Afternoon Place:	12.45-3.45 PM		
	re that there will b	=	ch for all children at	tending a core do	ay. (If you qualify for		
	Paid Services:	· · · · · · · · · · · · · · · · · · ·					
	•	•	yond their allocated : ate your preferences	•	•		
Paid Core Day	8.45AM -3.45PM		<u>, </u>				
Monday	Tuesday	Wednesday	Thursday	Friday			
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Paid After Sc		M/a du a a da c	Thomasico	Fu: J			
Monday	Tuesday	Wednesday	Thursday	Friday			
2:12 16	. 41.1	•					
Paid Breakfas Monday	t Club Tuesday	Wednesday	Thursday	Friday			
Monday	ruesuay	Wednesday	Thui Sudy	Triday			
Please be awar	·		allocated according to		Policy.		
a: .	'	mank you for taking					
Signed:			Date:_				

Please return to: 51 Glebe Place, Chelsea, London SW3 5JE, Email: info@coans.rbkc.sch.uk