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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **St. Georges Nursery Dragons**  St Georges Primary School  Sudbury Hill, Harrow, HA1 3SB  Tel: 0208 422 1272 option 3  E-mail: dragons@stgeorges.harrow.sch.uk  **ADMISSIONS FORM**  **FOR OFFICE USE ONLY:**  C:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  S:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  MISSSync:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **PERSONAL INFORMATION** | | | | | | | | | | | | | | |
| **Childs Family Name** |  | | | | | | | | | | | | | |
| **Childs First Name** |  | | | | | | | | | | | | | |
| **Date of Birth** |  | | | | | | | | | Gender: Male  Female | | | | |
| **Address** |  | | | | | | | | | | | | | |
| **Borough You Live In  (e.g. Ealing, Harrow, Brent):** |  | | | | | | | | | | | | | |
| **Mother / Carer Full Name** | Mrs  Ms  Miss  Other\_\_\_\_ | | | | | | | | | | | | | |
| **Father / Carer Full Name** | Mr  Other\_\_\_\_ | | | | | | | | | | | | | |
| **Home Contact Number** |  | | | | | | | | | | | | | |
| **Mobile Contact Number** | Mother /Carer: | | | | | | | | | Father / Carer: | | | | |
| **E-mail Address** | Mother /Carer: | | | | | | | | | Father / Carer: | | | | |
|
|  |  |  | | | | |  | | |  |  | |  |  |
| **Languages Spoken** |  | | | | | | | | | | | | | |
|  |  |  | | | | |  | | |  |  | | **YES** | **NO** |
| **Is Child from a Practicing Roman Catholic Family?  (Please note you will be required to provide a baptismal certificate)** | | | | | | | | | | | | |  |  |
| **Does Child have siblings at Dragons:** | | | | | | | | | | | | |  |  |
| **Does Child have siblings at the St Georges Primary School:** | | | | | | | | | | | | |  |  |
| **If yes please give name (s): Year Group(s):** | | | | | | | | | | | | | | |
|  |  | |  | | |  | |  | |  | | |  |  |
| **How did you hear about our Nursery?** | | | | | | | | | | | | | | |
| **My child attends a nursery setting YES**  **NO**  **If Yes, please give name:** | | | | | | | | |  | | | | | |
| **Has your child been receiving any extra support with learning or behaviour at his/hers present nursery**  **Yes**   **No**  **NA** | | | | | | | | | | | | | | |
| **If your child/or family are involved with any of the following agencies, please delete as appropriate & give the name and contact number:** | | | | | | | | | | Educational Psychology Service  Occupational Therapy  Social Services  Speech Therapy  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
|  |  | |  | | |  | |  | | Please Continue Overleaf: | | | | |
| **SESSIONS REQUIRED** | | | | | | | | | | | | | | |
|  |  | | | |  |  | |  | |  | | |  |  |
| **Sessions** | **All Year Round (AYR) Or**  **Term Time (TT)** | | | | **Time** | **Please  Tick** | |  | | **Please tick which days you require. (minimum of 2 days)** | | | | |
| AM | AYR only | | | | 08:30 - 12:30 |  | |  | | Monday | | |  | |
| PM | AYR only | | | | 12:00 - 16:00 |  | |  | | Tuesday | | |  | |
| CORE DAY | AYR  TT | | | | 08:45 - 15:00 |  | |  | | Wednesday | | |  | |
| FULL DAY | AYR  TT | | | | 08:00 - 17:55 |  | |  | | Thursday | | |  | |
| Funded only Universal place (15hrs) Mon-Fri | TT only | | | | AM   8.30-11.30 |  | |  | | Friday | | |  | |
| Funded only Universal place (15hrs) Mon - Fri | TT only | | | | PM  12.00-15.00 |  | |  | | **When would you like your session to begin?** | | |  | |
|  | | | | |  |  | |  | |  | | |  | |
| **Please read carefully and sign below** | | | | | | | | | | | | | | |
| We/I understand the following: • Should circumstances change management have the right to review my child’s place at the nursery. • I/we agree to full and prompt payment of fees as they are due. • I understand that I may be charged a late fee of £1.00 per minute for continual late collection of my child. • Non-attendance and/or arrears of payment could result in the loss of my child’s place. • A £250.00 deposit and registration fee will be required on acceptance of a place. £50.00 of which is non-refundable.  • I understand that once the place is accepted, should I wish to decline the offer prior to my child starting at St George’s Nursery -Dragons, I will forfeit the deposit of £200.00. • Should my child attend St George’s nursery- Dragons for less than eight weeks this will result in 75% of the deposit being retained. • Funded sessions are term time only for three hours per day, currently offered on a five days basis. Should I/we wish to withdraw our child’s place a terms notice is required.  • Funded only sessions have no additional services included. Should I request additional services, they will be charged.  • 30 hour funding is available depending on the number of hours your child attends per week (additional charges will apply)  • Should I/we wish to withdraw our child’s place a terms notice is required.  • I am aware that the nursery will open at 8.30am on Fridays for Staff meetings • Admissions to St. George’s nursery - Dragons **DOES NOT** guarantee a place at St. Georges School. | | | | | | | | | | | | | | |
| **ACCEPTANCE OF TERMS AND CONDITIONS** | | | | | | | | | | | | | | |  |  |  |  |  |
| I/we have read, understood and agree to the terms and conditions set out above. | | | | | | | | | | | | | | |  |  |  |  |  |
| **Print Name:** | | | | **Signature**: | | | | | | | | **Date**: | | |
| **Print Name:** | | | | **Signature:** | | | | | | | | **Date:** | | |