East Prescot Road Nursery School
86 East Prescot Road
Liverpool L14 1PW
0151 228 4672
Headteacher: Mr Craig A Bolton, B.A.(Hons), PGCE
Email: admissions@eastprescotroadnursery.co.uk

INITIAL CONTACT FORM

Child's Name _____

DOB_____ Home Language _____ Male / Female

Mother's Name _____ ***'Parental Responsibility'? Yes/No***

Father's Name _____ ***'Parental Responsibility'? Yes/No***

Parental responsibility is a legal term, which means that you are named on your child's birth certificate as his/her mother and father, or having a legal arrangement such as a parental responsibility order or adoption papers.

Address _____

Postcode _____Email _____

Phone _____ Mobile _____

Do you have any concerns regarding your child's speech and language development?

Yes / No

Has your child been referred to speech and language therapy at any point?

Yes / No

Do you have any concerns regarding your child's behaviour and/or development?

Yes / No

Has your child been referred to any other professional as a result of your own or your Health visitor's concerns regarding their behaviour or development?

Yes / No

Is your child known to the early notification team?

Yes / No

Is there anything else you can tell us regarding your child's health and/or development that would help us to understand your child's needs? _____

_____

_____

_____

Special Educational Needs Yes / No

Is Your Child Defined as Disabled?_____

Please provide details: _____

Medical Information *(eg. allergies, asthma, etc)* _____

Does your child need an inhaler? Yes / No

Roots to Grow Wings to Fly

If your child has a medical requirement/provision we may need to contact your doctor for advice. This information will be treated confidentially, please contact the school if you have any concerns. Please provide the following:

Health Visitor's Name_____ Tel. _____

Local Children's Centre _____Tel: _____

Doctor's Name _____

Address _____ Tel. _____

_____

I give my permission to contact the above. Signed _____

Has/does your child currently attend a nursery setting or childminder? Yes / No

Please provide contact details of their current early years provider**:**

_____

_____

_____

School and Childcare Sessions —

As a maintained nursery school, we require children to attend every Monday to Friday morning during term time.

You can add additional sessions to meet your childcare needs, if you are entitled to additional funded hours ('30 hours') you can use these towards the additional sessions.

Please indicate your preferences below:

5 mornings (Mon-Fri) ☐

5 mornings (Mon-Fri) and flexible afternoons ☐

5 full days ☐

Please note: we will do our best to meet your requirements but that we cannot guarantee that your preferred sessions will be available and we may offer you an alternative.

How did you hear about us? _____

Please sign below to acknowledge your consent to the above information being processed and to confirm that you understand that submitting this form does not automatically guarantee your child a nursery place.

Please sign _____ Date _____

The person signing here must have Parental Responsibility.

Recpt # _____ **B.C** _____ **Name Check** _____ **Date Received** _____