Lynch Hill School Primary Academy
Garrard Road,
Slough SL2 2AN
Tel: 01753 524170 Email: office@lhspa.org.uk

APPLICATION FOR EXTENDED NURSERY

Child's Name: _____

Sex: _____ Date of Birth: _____

Home Address: _____

Post Code: _____ Contact Telephone Number: _____

Nationality: _____ Religion: _____

Doctor: _____ Phone Number: _____

Health Visitor: _____ Phone Number: _____

Language Spoken at Home: _____ Language Read at Home: _____

Mother's Full Name: _____

Mother's Mobile Number: _____

Mother's Place of Work: _____ Work Tel. No: _____

Father's Full Name: _____

Father's Mobile Number: _____

Father's Place of Work: _____ Work Tel. No: _____

Names and Ages of Brothers/Sisters: _____

_____

Names, Addresses & Telephone Numbers of persons to contact in an emergency (in addition to the Parent details above):

1. _____

2. _____

3. _____

Any relevant medical conditions, allergies etc. (In line with school policy if your child needs medication during the day, you will need to complete and sign a separate form.)

_____

_____

Medication
I give permission for school staff to administer medication to my child in line with the requirements of their Care Plan.

Signature: _____Parent/Guardian

Emergency Medical Treatment
I give my permission for emergency medical treatment to be accessed on my behalf for my child whilst in the care of Extended Nursery, in the event that I cannot be contacted.

Signature: _____Parent/Guardian

Details of any injections/immunisations already received by your child (Please tick)

	Yes	**No**
MMR		
POLIO		
TETANUS		
WHOOPING COUGH		
Other (please give details)		

Any dietary requirements:

_____

_____

Any other information relevant to your child:

_____

_____

_____

Lunch is not included in the fees and children may bring a packed lunch or purchase a lunch from the canteen.
Breakfast Session 8:00am – 8:35am – additional charge
After School Session 3:00pm – 5:15pm – additional charge

CANCELLATION POLICY – 1 months' notice in writing

Signed: _____ Date: _____

Name in block letters: _____

For Office use only
Birth Certificate seen by: _____ Date of Admission: _____