

Application Pack

Child's Name:_____



Application for Admission to Oakhill Early Years



September 1	Intake o	r requested start date		
a) age of child on start date]
b) Childs date of birth				
	enclosed a copy of my chi note this will be disposed			
NURSERY AN	ND WRAPAROUND CA	ARE REQUIREMENTS	(Please select as approp	oriate)
Days	Before School Care	Morning	Afternoon 12:00 pm to 3:00 pm	After School Care
	7.30 am to 9 am	9:00 am to 12pm	in the plant to close plant	3:00 pm to 5:30 pm
Monday		•		
Tuesday				
Wednesday				
Thursday				
Friday				
CLIDTUED INC	COPMATION ABOUT	OUD CUIL D		
FURTHER INFORMATION ABOUT YOUR CHILD Is your child a twin of triplet, etc. (one of a multiple birth)? Yes No				
25 your child a twitt of cripiet, etc. toke of a maniple outly.				
If yes, please provide the names of related applications:				
Is this child in the care of a local authority? (Please select each box as appropriate) Yes No				
	viously been in the care of to a residence order or s		s since been adopted r since being in public care	Yes No
If 'Yes' to either details in the bo		provide Social Worker	and Local Authority co	ntact
Are any other external agencies involved with your child or your family?				

Has your child had the '2 year check' with the health visitor or at another setting? Yes No
Does your child have an Education, Health and Care Plan (EHCP) Yes No ELDER BROTHER OR SISTER DETAILS (where applicable)
Name of elder brother or sister Date of Birth
I give permission for the Federation of Hanburys Farm and Oakhill Primary School to create an online Tapestry learning journey for (name of child) Signed: Date: Email:
I give permission for Staff within the Federation of Hanburys Farm and Oakhill Primary School to aid my child with their personal hygiene if required I agree to provide my child with a change of clothes in the event of a toileting accident. Signed: