Golden Glitters Child – Centered Nursery

Golden Glitters Child-Centred Nursery

Nursery Application Form

For Admission in September 2026/2027

Please use **BLOCK CAPITALS** to complete this form

DATE: D D /M M/ Y Y

PART A	**DETAILS OF CHILD** Please complete a separate application form for each child who is applying for a place
First Name	
Last Name	
Date of Birth: Please provide a copy of the birth certificate.	
Gender (M/F)	Male Female
Ethnicity (see codes attached)	
Do you consider this child to have a disability or Special Educational Needs? *	Yes No Please describe:
Key person	

PART B PARENTS/CARERS DETAILS

	Main carer who lives with the child/ren (PARENT 1 /GUARDIAN)	Second carer (PARENT 2/GUARDIAN)
First Name		
Last Name		
Address Please provide two documents dated in the last 3 months showing proof of address.		
Postcode		
Telephone (H)		
Mobile		
E-mail (PLEASE WRITE IN BLOCK CAPITALS)		
Relationship to child/ren (e.g. Mother, Father, etc)		
Please tick if you have parental responsibility (on birth certificate)	Yes No	Yes No
NI Number (PLEASE PROVIDE THIS INFORMATION)		

Is English your main language? What is your main language?	Yes No	Yes No
Are you a lone Parent?	Yes No	
Do you work?	Yes No	Yes No
Ethnicity (see codes attached)		

***If your child has an Educational Health Care Plan (EHCP) please include a copy with this applicatio**

PART C Emergency Contacts (Please provide at least two emergency contacts other than those provided in PART B)

Full Names	Relationship to child	Address	Mobile number
1.			
2.			
3.			

PART D Who will be collecting this child from Nursery

Full name		Full name	
Relationship to child		Relationship to child	
Address Home Telephone Number		Address Home Telephone Number	
Mobile Number		Mobile Number	
Picking up arrangements		Picking up arrangements	

Please provide pick-up password (this will be used by person who will be collecting your child from the nursery)

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How will your child travel to Nursery?

Walk ☐ Car ☐ Bus ☐ Bike ☐ Train ☐ Tube ☐

Part E: About Family

Does your Child have Siblings?

Name	Date of Birth

Have you or are you seeking asylum or refugee status?	**Yes/ No**
Is an interpreter needed to speak with the parents?	**Yes/ No**
Is the Nursery environment the first experience of English	**Yes /No**
Please note any other language experience	

Parent 1 Language(s)	Carer's Language(s)
Parent 2 Language (s)	Is your child new to English? Yes/No
What Language /is/ are spoken to the child?	
What language/s does the child reply in?	
Do you practice a religion?	
Your child may be entitled to free meals, please indicate if any of the below apply to you?	

Part E: Additional Information

Does your child have special educational needs? (Example: child has been referred to the speech and language therapists, has cerebral palsy, is on the autistic spectrum)

Do you have any concerns about your child's learning and development?		
Do any other professionals work with your child? E.g. social worker, dietician, speech & language therapist, physiotherapist)		
Name	Title of worker	Address & Tel. no

Part E: Medical	
GP Name	Tel No.
Address:	
Health Visitor Name:	Tel No.
Which immunisations has your child received? Please provide rough dates	

Does your child have any dietary needs/ allergies to food?
Does your child have any long-term illnesses or medical needs? Yes/ No Example: asthma. Allergy, special diet, epilepsy
Does your child require regular medication? Yes/ No

If yes, what medication?	How often?	Healthcare plan completed

Please read and sign the following

Emergency Medical Treatment

If your child has accident at the Nursery, we will always try to contact you. Sometimes your child may need help in an emergency. Please sign below if you give your consent for your child to receive minor first aid. Please sign if you give your consent for your child to receive emergency treatment from doctor or nurse at the centre or in hospital.

Educational Trips

Please sign below if you give your permission for your child to be taken off the premises and occasion on public transport with nursery staff for educational trips and visits.

Photographs and Videos

Photographs/ videos may be taken during group activities by Golden Glitters Child-Centred Nursery. Please sign below if you give permission to use parent/ carer and child's images/ videos on social media, press release, funding applications and nursery website. www.nursery.goldenglitterstraining-nursery.co.uk

Undertaking by parents

We require that you do not smack or hit your child whilst in the Nursery. If you have a disagreement with a member of staff or another adult, then please talk this through out of site from the children. We require that you do not shout at or abuse any member of staff or any other adult or child.

When you are at the nursery with your child, we require that you supervise your child and keep your child safe.
I give permission for a named friend or relative to collect my child on my behalf from Golden Glitters Nursery, if the nursery has been provided with the name of the individual prior to collection.

	Yes	**No**
I give permission for Emergency treatment to be given to my child/ren		
I give permission for my child to be taken on educational trips		
I give permission for photographs/ videos to be taken of myself or my child/ children during Golden Glitters Nursery activities for social media, websites, press release and funding applications		
I give permission for a relative or friend to collect my child and I will provide the nursery with a special password.		
I give permission for sun cream/ face paint to be applied to be applied to my child when needed		

Name of Parent / Carer 1	**Signature:**	**Date:**
Name of Parent / Carer 2	**Signature:**	**Date:**
Office use: **Staff name**	**Signature:**	**Date:**

PLEASE READ AND SIGN THE FOLLOWING

Data Protection Act 1998

PRIVACY NOTICE:

The Data Protection Act 2018 (General Data Protection Regulation - GDPR) basis for processing is that it is necessary for compliance with a legal obligation. In compliance with GDPR, your personal information will be used for the specified purposes, kept accurate and up to date as a result of any changes to your personal circumstances. Children's Centre records are de-activated when the child reaches 5 years old. The records are deleted 6 years from de-activation.

Haringey Council's Record of Processing Activities sets out full details of why and how we use personal information. You have a right to access the information that we hold and have inaccurate information corrected. Please see the information on the Data Protection section of our website *http://www.haringey.gov.uk/contact/information-requests/data-protection* for details of our processing activities, your legal rights relating to how we use your personal data and how to exercise those rights.

DATA PROTECTION ACT 2018 - PLEASE READ CAREFULLY AND SIGN THE FOLLOWING

- I agree that the information recorded on this form will be stored securely and used to enable the Nursery staff to offer appropriate support.
- I understand that this information may be shared with partner organisations, funding bodies and other professional agencies for monitoring and evaluation purposes.
- Information about my family may be shared with other professional agencies if there are safeguarding concerns about me or my child/ren.
- All this information will be kept in line with the General Data Protection, and I will have the right to access any information held about me or my child/ren. The schools full GDPR policy can be viewed on the school's website.
- I understand that my personal information will not be passed to organisations for marketing or sales purposes.

Main Carer signature: _____ Print Name: _____

Second Carer signature: _____ Print Name: _____

Date: _____

ETHNICITY CODES		
Categories	**Code**	**Description**
WHITE White Background	WBRI	British
	WIRI	Irish
	WIRT	Irish Traveller
	WGRE	Greek/Greek Cypriot
	WROM	Gypsy/Roma
	WTUR	Turkish/Turkish Cypriot
	WOTH	White Other
MIXED Mixed/Dual Background	MWBC	White and Black Caribbean
	MWBA	White and Black African
	MWAS	White and Asian
	MOTH	Any Other Mixed Background

ASIAN Asian or Asian British	AIND	Indian
	ABAN	Bangladeshi
	APKN	Pakistani
	AEAA	East African Asian
	AOTH	Other Asian Background
BLACK Black/Black British	BAFR	Black African
	BCRB	Black Caribbean
	BAOF	Other African
Chinese or Other Ethnic Group	CHNE	Chinese
	OLAM	Latin/South/ Central American
	OKRD	Other Kurdish
	OOEG	Other Ethnic Group
	NOBT	Information not yet obtained

For Official use only		***Admissions check list***	
Date received		Proof of birth certificate	
		Date of birth	
Name of receiver		Proof of address X 2	
		Place applied for ***Evidence submitted (if applicable)***	
Information entered onto E-Start		SEND	
Information entered onto admission data base		Exceptional circumstances	
Key Person		Sibling	
CLASS		Distance	
Date of Admission		Receipt provided	