



**HUNGERFORD PRE-NURSERY/NURSERY SCHOOL AND FAMILY CENTRE
WAITING LIST REGISTRATION**



PLEASE USE BLOCK CAPITALS AND COMPLETE ALL SECTIONS OF THE FORM – THANK YOU

I am applying for: (please tick) Pre Nursery Place (from the term after your child is 2 years old)
 Nursery School Place (from the term after your child is 3 years old)

| Information about your child | |
|------------------------------|---|
| First Name(s) | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Last Name | |
| Date of Birth | |
| Child's Country of Birth | |
| Child's Home Language | |

| | Mother/Carer | | Father/Carer | |
|---|-----------------------------|----|--------------|----|
| First Name | Miss/Mrs/Ms (please circle) | | | |
| Last Name | | | | |
| Relationship to Child (Mother/Father etc.) | | | | |
| Address | | | | |
| | Postcode | | Postcode | |
| Contact Telephone Numbers | Telephone: | | Telephone: | |
| | Mobile: | | Mobile: | |
| Email address | | | | |
| Do you receive any Benefits? (please select code overleaf) | Yes | No | Yes | No |
| | Code: | | Code: | |
| Do you consider you have a disability? (select code overleaf) | Yes | No | Yes | No |
| | Code: | | Code: | |
| Employment Status (select code overleaf) | Code: | | Code: | |

| | |
|---|--|
| Does your child receive help from outside agencies? (E.g. Paediatrician, Speech Therapist etc.) If Yes, please give details. | |
|---|--|

| | |
|--|--|
| Will your child attend another day nursery, pre-school or childminder during their time at Hungerford Nursery? If Yes, please give details. | |
|--|--|

| | |
|---|--|
| Names and ages of brothers and sisters: | |
|---|--|

| |
|---|
| For Office Use Only: Administration Fee Received: Yes / No |
|---|

P.T.O.

DATA PROTECTION ACT & GDPR

For further details, please refer to our Data Protection Policy, Parent/Carer Privacy Notice (how we use your data) and Pupil Privacy Notice (how we use your data).

These can be found on our website www.hungerfordnurseryschool.co.uk or requested from the office.

- I Consent for my information to be shared with Family Centre Services (tick box to consent)
- I Consent to this form being kept on the Pre-Nursery/Nursery waiting list (tick box to consent)
Consent can be withdrawn at any time by emailing office@hungerfordnursery.w-berks.sch.uk
- This information has been completed to the best of my knowledge and is accurate at the time of completion.

Parent Signature:

Date

Print Name:

To place your child's name onto our waiting list, please return the completed form together with the £10 administration fee to:

Hungerford Nursery School, The Croft, Hungerford, RG17 0HY.

Disability Codes

| | | | | | | | | | | | |
|-----------|----|----------|----|---------|----|-------|----|--------|----|-------|----|
| Cognitive | 01 | Mobility | 02 | Hearing | 03 | Sight | 05 | Speech | 06 | Other | 07 |
|-----------|----|----------|----|---------|----|-------|----|--------|----|-------|----|

Benefit Codes

| | | | | | | | | | | | | | |
|----------------------|----|----------------|----|----------------------|----|------------|----|--------------------|----|----------------|----|-------|----|
| Disability Allowance | 01 | Income Support | 02 | Jobseekers Allowance | 03 | Incapacity | 04 | Working tax credit | 05 | Pension credit | 06 | Other | 07 |
|----------------------|----|----------------|----|----------------------|----|------------|----|--------------------|----|----------------|----|-------|----|

Employment codes

| | | | | | | | | | |
|----------------------|----|----------------------|----|--------------------------|----|-----------------|----|---------|----|
| Full-time carer | 01 | Part-time carer | 02 | Self-employed | 03 | Unemployed | 04 | Retired | 05 |
| Full-time employment | 06 | Part-time employment | 07 | In education or training | 08 | Maternity Leave | 09 | Other | 10 |