














Application Form











Loving Hands International Nursery School Leander Road











Thronton Heath
CR7 6JU












If you have any questions, please call 020 8683 4847
or email us at loving.hands@hotmail.com








Child's Full Name:		
Date of Birth or E.D.D:		
Religion:		
Sex:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:		








Doctors Details		
Child's Doctors Name:		
Telephone No:		
Address:		
Medical History:		
Immunisation:		<input type="checkbox"/> Polio <input type="checkbox"/> Tetanus <input type="checkbox"/> Diptheria <input type="checkbox"/> Whooping Cough <input type="checkbox"/> MMR
Any special Diet due to health, religion, cultural reasons:		
Food Allergies		
Child Religion : Culture:		Ethnic Origin: Languages: Disabilities (if any):

Mother's Name:		
D.O.B		
Address: if different from above		
Home Telephone No:		
Mobile Telephone No:		
Email address		
Job Title:		
Work Address:		
Work Telephone No:		
National insurance number:		

Father's Name:		
D.O.B.		
Address: if different from above		
Home Telephone No:		
Mobile Telephone No:		
Email address		
Job Title:		
Work Address:		
Work Telephone No:		
National Insurance Number:		

Any other Guardian:		
D.O.B		
Address: if different from above		
Home Telephone No:		
Mobile Telephone No:		
Email address		
Job Title:		
Work Address:		
Work Telephone No:		
Work Department:		
Hours of Work:		
Days at work:		
National insurance number		

Emergency Contact 1 Full Name:		
Address: if different from above		
Home Telephone No:		
Mobile Telephone No:		
Job Title:		
Work Address:		
Work Telephone No:		

Emergency Contact 2 Full Name:		
Address: if different from above		
Home Telephone No:		
Mobile Telephone No:		
Job Title:		
Work Address:		
Work Telephone No:		

Is your child known to Social Services: Y / N	
If yes, please state the reason	
Social worker contact details:	
Borough:	
Does your child has any special needs:	Y/N
Type of need	
Any outside agency currently working with your child please tick the correct ones	<input type="checkbox"/> Child and Adolescent Mental Health Services (CAMHS) <input type="checkbox"/> Occupational therapist (OT) or physiotherapist (PT) <input type="checkbox"/> Health Visitor <input type="checkbox"/> Educational psychologists (EPs) <input type="checkbox"/> Education welfare officers (EWOs) <input type="checkbox"/> Local authorities <input type="checkbox"/> Social workers <input type="checkbox"/> Speech and language therapists (SLTs)
Are there any celebrations (e.g. Eid, Easter, etc) that you would not like your child to participate in?	

Exact starting date required: _____
(Please note, full fees will be charged from this date)

Place required for full days:

Mon Tue Wed Thurs Fri

Place required for half days: 9:00am –12:00am / 12pm – 3pm, 5 hours

Am: Mon Tue Wed Thurs Fri
Pm: Mon Tue Wed Thurs Fri

Place required for funded sessions over 5 days : 9:00am-12:00am / 12:00am-3pm

Am: Mon Tue Wed Thurs Fri
Pm: Mon Tue Wed Thurs Fri

Place required for funded sessions over 3 days : 9:00-2:00pm

Am: Mon Tue Wed Thurs Fri

- 9:00am – 2:00 pm (pay for lunch or pack lunch)
- 9:00am – 3:00pm** consists of two **2.5 hour sessions** : 9:00am -11:30 am and 12:30pm-3:00pm 1 hour lunch break :11:30-12:30 which requires payment Of £8.50
- 10:00am – 3:00pm (**pack a lunch or pay for lunch**)

pack lunch school dinner stay for lunch break

Place required for /extended hours: Any hours requested outside of your allocated time

Am: Mon Tue Wed Thurs Fri
Pm: Mon Tue Wed Thurs Fri

Please specify the exact top up hours/ extended hours requested

Your fees are

Two year old funding reference:.....

Office use only

Proof of funding

- Passport seen
- Birth Certificate seen
- Proof of Address
- £30 registration fee paid
- Two weeks deposit paid

- Stamp
- Letter
- Reference number
- CLA
- EHCP
- Adoption certificate