

**MONMOUTHSHIRE COUNTY COUNCIL**  
**CHILDREN AND YOUNG PEOPLE**  
**APPLICATION FOR NURSERY PLACEMENT – SEPTEMBER 2018**

**NAME OF NURSERY UNIT TO WHICH APPLICATION REFERS:**

(Only **one** nursery to be applied for)

.....

**FULL NAME OF CHILD:** .....

**DATE OF BIRTH:** ..... **GENDER:** **MALE/FEMALE\***

**PREVIOUS NURSERY OR PLAYGROUP ATTENDED** (if applicable).....

.....

**NAME(S) AND ADDRESS(ES) OF PARENT(S)/GUARDIAN(S):**

(Confirmation of child's home address must be produced)

.....

..... **POSTCODE** .....

**TELEPHONE NO.:** ..... **MOBILE NO.:** .....

**E-MAIL ADDRESS** .....

**NAME OF TWO OTHER CONTACTS (i.e. Grandparent, childminder):**

..... **TELEPHONE NO:** .....

..... **TELEPHONE NO:** .....

**NAME AND ADDRESS OF FAMILY DOCTOR:**

.....

..... **TELEPHONE NO.:** .....

Please indicate your preference below (**PLEASE NOTE:** where possible we will try to accommodate preferences depending upon demand for places).

**Morning session**

**Afternoon session**

Please give reason for your preference:

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**Applications for Magor Nursery Unit ONLY**

Will your child(ren) have an older brother and/or sister at Magor School in September? If so, please specify child's name and date of birth:

**NAME:** ..... **DATE OF BIRTH:** .....

**PLEASE RETURN FORM TO HEADTEACHER BEFORE 12th JANUARY 2018**

**DOES THE CHILD HAVE CONTROL OF:**

(a) Bladder YES/NO\* (b) Bowel YES/NO\*

**IMMUNISATION:**

Has your child been immunised against the following:

(a) Diphtheria/Tetanus/Whooping Cough (Triple Injection)/Polio (drops) YES/NO\*  
(b) Measles/Mumps/Rubella (Injection) YES/NO\*

**DETAILS OF ANY SPECIAL REASONS IN SUPPORT OF APPLICATION FOR YOUR CHILD'S ADMISSION TO NURSERY:**

Has the child been recommended for admission by a specialist agency (see special note below) for:-

(i) Special/Medical/Social reasons YES/NO\*  
(ii) Special Educational Needs YES/NO\*

**Comment:** .....

**PLEASE NOTE: Special medical or social/domestic reasons must be supported by reports from medical agencies or social work agencies which may be included by parents with the application form or forwarded direct from the agency to the Headteacher. Notes from family doctors/health visitors are not accepted for this purpose.**

Funding is available for a half time place only. (**Five** morning or **five** afternoon sessions). Funding is not available to attend an approved nursery or playgroup **at the same time** as attendance at a LEA nursery.

Parents should also be aware that once they have **accepted** a place for their child in a LEA Nursery they will be ineligible to receive funding for their child to attend an approved nursery or playgroup unless their circumstances have changed, e.g. moved out of area.

A placement allocated at a LEA Nursery **does not** guarantee a school placement.

**SIGNED:**..... **DATE:**.....

**TO BE COMPLETED BY SCHOOL ONLY**

**DATE APPLICATION RECEIVED:** ..... **DATE:**.....

**DATE OF BIRTH VERIFIED:** ..... **YES/NO\*:** ..... **DATE:**.....

**CHILD'S HOME ADDRESS VERIFIED:** ..... **YES/NO\*:** ..... **DATE:**.....

**COMMENTS (IF ANY):**.....

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\*Delete as appropriate