



# Booker Avenue Infant School Nursery –

## Application Form

| Child's Information   |   |                               |           |
|---|---|-------------------------------|-----------|
| Legal forename  |   | Legal surname                 |           |
| Preferred name if different   |   | Date of birth                 |           |
| Gender  | Female <input type="checkbox"/>   | Male <input type="checkbox"/> | Home tel. |
| First line of home address  |   | Post code                     |           |
| <b>Please tick below to indicate whether you are applying for 15 or 30 hours (only tick one):</b>   |   |                               |           |
| <input type="checkbox"/>  | I am applying for <b>15 hours</b> (ALL families eligible)   |                               |           |
| <input type="checkbox"/>  | I am applying for <b>30 hours</b> (working families – check eligibility at <a href="http://www.beststartinlife.gov.uk">www.beststartinlife.gov.uk</a> ) |                               |           |
| <i>Cut-off date to apply for 30 hours funding code is the day before each term starts: <b>31<sup>st</sup> August / 31<sup>st</sup> December / 31<sup>st</sup> March</b></i> |   |                               |           |
| Name of any current/ previous nursery attended  |   |                               |           |
| Parent(s) / Carers information  |   |                               |           |
| Full name of parent/guardian 1  |   | Relationship to child         |           |
| Address if different to child   |   | Post code                     |           |
| Contact tel.  |   | Email                         |           |
| Place of work   |   | Work tel.                     |           |
| Full name of parent/guardian 2  |   | Relationship to child         |           |
| Address if different to child   |   | Post code                     |           |
| Contact tel.  |   | Email                         |           |
| Place of work   |   | Work tel.                     |           |
| Name of <i>additional</i> emergency contact (1)   |   | Relationship to child         |           |
| Contact tel.  |   |                               |           |
| Name of <i>additional</i> emergency contact (2)   |   | Relationship to child         |           |
| Contact tel.  |   |                               |           |
| Does your child have siblings at Booker Avenue Infant School or Booker Avenue Junior School? If yes, please give names:   |   |                               |           |
| Are there any Court Orders currently in force which relate to the child under the Children's Act 1989?  | Yes <input type="checkbox"/>  | No <input type="checkbox"/>   |           |
| If yes, please give details (continue on a separate sheet if needed):   |   |                               |           |
| Is your child / has your child ever been in the care of the local authority?  | Yes <input type="checkbox"/>  | No <input type="checkbox"/>   |           |
| If yes, please state which local authority is responsible for your child  |   |                               |           |
| Are a member of H.M Armed Forces?   | Yes <input type="checkbox"/>  | No <input type="checkbox"/>   |           |

|  |  |                              |                             |                                 |  |                   |                              |                              |                             |     |  |
|--|--|------------------------------|-----------------------------|---------------------------------|--|-------------------|------------------------------|------------------------------|-----------------------------|-----|--|
| Does your child have an EHCP?  |  |                              |                             |                                 |  |                   | Yes <input type="checkbox"/> | No <input type="checkbox"/>  |                             |     |  |
| Is your child undergoing assessment for an EHCP?   |  |                              |                             |                                 |  |                   | Yes <input type="checkbox"/> | No <input type="checkbox"/>  |                             |     |  |
| Do you consider your child to have a disability or additional needs? <b>If yes</b> please give details below (continue on a separate sheet if needed): |  |                              |                             |                                 |  |                   | Yes <input type="checkbox"/> | No <input type="checkbox"/>  |                             |     |  |
| Please list all the children in the family under 18:   |  |                              |                             |                                 |  |                   |                              |                              |                             |     |  |
| Name   |  | Date of birth                |                             | Current school                  |  | Previous school   |                              |                              |                             |     |  |
|  |  |                              |                             |                                 |  |                   |                              |                              |                             |     |  |
|  |  |                              |                             |                                 |  |                   |                              |                              |                             |     |  |
|  |  |                              |                             |                                 |  |                   |                              |                              |                             |     |  |
| Name of family doctor  |  |                              |                             | Address of family doctor        |  |                   |                              |                              |                             |     |  |
| Has your child had any of the following illnesses?   |  |                              |                             |                                 |  |                   |                              |                              |                             |     |  |
| Measles  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Age                             |  | Meningitis        |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Age |  |
| Whooping cough   |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Age                             |  | Chicken pox       |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Age |  |
| Mumps  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Age                             |  | German Measles    |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Age |  |
| Other illness / medical information (Allergies, asthma, sight, hearing, fits/convulsions)  |  |                              |                             |                                 |  |                   |                              |                              |                             |     |  |
| Has your child been inoculated against any of the following?   |  |                              |                             |                                 |  |                   |                              |                              |                             |     |  |
| Tuberculosis   |  | Diphtheria                   |                             | Whooping cough                  |  | Tetanus           |                              |                              |                             |     |  |
| Polio  |  | Meningitis C                 |                             | Measles / Mumps / Rubella (MMR) |  |                   |                              |                              |                             |     |  |
| Name of baby clinic attended   |  |                              |                             |                                 |  |                   |                              |                              |                             |     |  |
| First language spoken at home  |  |                              |                             | Language(s) understood by child |  |                   |                              |                              |                             |     |  |
| Child's country of birth   |  |                              |                             | Nationality of child            |  |                   |                              |                              |                             |     |  |
| Ethnicity – please tick as appropriate:  |  |                              |                             |                                 |  |                   |                              |                              |                             |     |  |
| White British  |  | Black British                |                             | Asian British                   |  |                   |                              |                              |                             |     |  |
| White Other (please specify)   |  | Black Other (please specify) |                             | Asian Other (please specify)    |  |                   |                              |                              |                             |     |  |
| Mixed (please specify)   |  | Other (please specify)       |                             | Prefer not to say               |  |                   |                              |                              |                             |     |  |
| Religion – please tick as appropriate:   |  |                              |                             |                                 |  |                   |                              |                              |                             |     |  |
| Baptist  |  | Buddhist                     |                             | Catholic                        |  | Church of England |                              |                              |                             |     |  |
| Hindu  |  | Jehovah's Witness            |                             | Jewish                          |  | Methodist         |                              |                              |                             |     |  |
| Muslim   |  | Sikh                         |                             | United Reform                   |  | No religion       |                              |                              |                             |     |  |
| Other (please state)   |  |                              |                             |                                 |  |                   |                              |                              |                             |     |  |
| Does your child have any special religious requirements (i.e. for prayer, diet or dress)?  |  |                              |                             |                                 |  |                   |                              |                              |                             |     |  |
|  |  |                              |                             |                                 |  |                   |                              |                              |                             |     |  |

Further information (including names of other agencies involved with the welfare of your child) – please continue on a separate sheet of paper if necessary:

The information that you provide in this form will only be held and disclosed in accordance with the Data Protection Act 1998. All information collected is treated with the utmost care and strict guidelines are followed in relation to how we process and disclose information.

PLEASE READ THE BELOW CAREFULLY. Please then sign and date the declaration.

**I understand that if my child is offered a place at Booker Avenue Infant School Nursery, it does not entitle my child to a place at Booker Avenue Infant School. Applications for places in Reception must be made via Liverpool City Council between 12<sup>th</sup> September 2025 and 15<sup>th</sup> January 2026, according to the admission policy of Liverpool City Council.**

|                                    |  |             |  |
|------------------------------------|--|-------------|--|
| <b>Parent / Guardian Signature</b> |  | <b>Date</b> |  |
|------------------------------------|--|-------------|--|

As your child is admitted to nursery, it is necessary for the details of this admissions form to be completed. Booker Avenue Infant School Nursery needs to have complete records of information relating to your child. Please complete ALL sections of this form.

The information will enable the school and Local Authority to monitor provision for individuals and groups of pupils, ensuring equality of opportunity. It will also support a child's learning, enable us to monitor and report of their progress, enable appropriate pastoral care to be provided and also assess the quality of our services.

This information provided on this form will be processed in accordance with the requirements of the Data Protection Regulations 2018.

Further information can be obtained from the Service Area Privacy Notices on [www.liverpool.gov.uk](http://www.liverpool.gov.uk)

In the unlikely event of a personal emergency, the school should be able to contact you as quickly as possible. Therefore, it is necessary to inform the school immediately if any of these details change, for example address or telephone number.

Liverpool City Council appreciates the time you have given to complete the admission form and thanks you for your co-operation.