



Holy Family Catholic Primary School

Wigan Street, Platt Bridge, Wigan, WN2 5JF

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Email: enquiries@admin.inceholyfamily.wigan.sch.uk

2 year old nursery Email: k.atkins@inceholyfamily.wigan.sch.uk

Web site www.inceholyfamily.wigan.sch.uk

Headteacher: Mrs J Taberner Bed Hons

Deputy Headteacher: Mr M Quigley BA Hons

Early Years Contact Form

Start Date: _____

Child's Details

Full Name of child:	Preferred Name:
Date of Birth:	Sex:
Address:	Home Phone Number:
Postcode:	
NHS number:	Birth certificate seen by:

Child's Background

Child's home language:	Previous nursery:
Religion of child:	Place of baptism:
Country of birth:	Child's nationality:
Baptism certificate seen by:	Child's Ethnic Group:

Parent/Carers Details

Name: Relationship to child:	Address (if different from child):
National Insurance Number:	Mobile Number:
Date of Birth:	
Occupation:	Home Number:
Email address:	

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Name: Relationship to child:	Address (if different from child):
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Who has parental responsibility?

Name: Relationship to child:	Name: Relationship to child:
Are there any contact restrictions?(if yes please give details)	

Emergency contact details 1

Name: Relationship to child:	Address:
Home number:	Mobile number:

Emergency contact details 2

Name: Relationship to child:	Address:
Home number:	Mobile number:

Collection Arrangements

Who is authorised to collect your child other than parent/carers? Your child will only be allowed to leave nursery/school with people listed here. **Any changes to this information should be made in writing to the nursery/school.**

Name: Relationship to child:	Name: Relationship to child:
Name: Relationship to child:	Password:

Doctor's Details

Doctor's Name: Address:	Dentist Name: Address:	Health visitor Name: Address:
Tel no:	Tel no:	Tel no:

Medical Details

Does your child have any medical conditions we should be made aware of including allergies, dietary requirements and long term medication? Please give details

Other Professionals

Are there any other professionals working with your child? E.g. Paediatricians, speech and language.

Permissions

Permissions - Do you give the school permission to :	Yes	No
Take photographs of your child for Learning Journals?		
Use photographs for promotional purposes?		
Use photographs on Schools Facebook and Twitter pages?		
Use photographs on Schools website?		
Take your child on outings to local amenities?		
Administer first aid?		
Take your child to hospital?		
For the registered person in charge to authorise hospital staff to administer essential treatment		
Share information with other professionals		
To apply nappy creams / sun cream that you provide		

I understand and acknowledge that the fee due for my child's nursery place is to be paid weekly and is paid one week in advance, either via standing order, cash, cheque or childcare voucher.

I understand that failure to pay said fees may result in loss of place within the nursery.

I further agree to give **4 weeks' notice** or payment in lieu of notice if I wish to withdraw my child from nursery.

I understand that my child attending the nursery does **NOT** guarantee a place within the school.

Name: _____

Signature: _____ Date: _____