

Cowgate Under 5's Centre

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FOR OFFICE USE ONLY

Date of Application Proof of address attached Yes No
Start Date Birth Certificate attached Yes No
Details of Placement Admission Panel date (if required)

WHICH NURSERY DO YOU WISH YOUR CHILD TO ATTEND

Please list up to 3 choices in priority order, whilst we will try to offer your first choice this cannot be guaranteed. PLEASE RETURN THE COMPLETED FORM TO YOUR FIRST CHOICE NURSERY.

- 1.
- 2.
- 3.

If a place cannot be made available in your first choice of nursery you may wish to attend another nursery this year but you must advise the head teacher of the nursery of your first choice if you wish to remain on the waiting list for this year.

Please indicate if you wish to split your funding between one or more nursery, if yes, please provide further details below

Yes No Centre Name
Number of Sessions Attended

Placement Requested

Please indicate which sessions you wish the child to attend nursery

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					
*FT					

* Please note that requests for Full Time placements will be assessed and allocated in line with the current Early Years Admissions and Review Policy

CHILD DETAILS

Forename(s) Known As
Surname
Date of Birth Gender (M/F) M F
Address
Postcode Telephone No.

Disability and Medical Information

Does the child have any long-term illness, medical condition or disability? Yes No

If yes, please give a brief description:

If yes, has there been a professional assessment identifying a disability? Yes No

If yes, can you provide copies of the professional assessments? Yes No

I do not wish to disclose this information.

Special Dietary Requirements? Yes No

If yes, please provide details below

Do you have any concerns about you child's

Sight
Hearing
Speech/Language
Coordination and movement
Behaviour
Toileting
Educational
Psychologist
Social Worker
Other e.g. Speech Therapist, Physiotherapist

Child's Doctor
Practice
Address

Post Code

Telephone No.

Child's Health Visitor
Practice Address

Post Code

Telephone No.

Additional Information to support application (including information relating to special family circumstances which may determine a priority place)

Previous Pre-Nursery Experience (e.g. Children's Centre, Playgroup, Nursery)

Ethnic Origin - Please tick the **one** category.

Asian Bangladeshi	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Asian Chinese	<input type="checkbox"/>	Black Other	<input type="checkbox"/>	Not Disclosed	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	Gypsy Traveller	<input type="checkbox"/>	Not Known	<input type="checkbox"/>
Asian Other	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	White UK	<input type="checkbox"/>
Asian Pakistani	<input type="checkbox"/>	Occupational Traveller	<input type="checkbox"/>	White Other	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Other Traveller	<input type="checkbox"/>		

If you have ticked one of the 'Other' boxes for any of the above ethnic origins, please enter the specific ethnic origin here: -

Main Home Language – Please tick the one category.

Arabic	<input type="checkbox"/>	French	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Punjabi	<input type="checkbox"/>
Bengali	<input type="checkbox"/>	Gaelic	<input type="checkbox"/>	Norwegian	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
Cantonese	<input type="checkbox"/>	Gujerati	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	Turkish	<input type="checkbox"/>
English	<input type="checkbox"/>	Hindi	<input type="checkbox"/>	Polish	<input type="checkbox"/>	Urdu	<input type="checkbox"/>

Additional Home Language(s) - **Please List:**

Religious Affiliation - Please tick any religious affiliation below

Buddhist	<input type="checkbox"/>	Jewish	<input type="checkbox"/>	Not Known	<input type="checkbox"/>
Christian – Other	<input type="checkbox"/>	Muslim	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
Christian – RC	<input type="checkbox"/>	No Religion	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	Not Disclosed	<input type="checkbox"/>		

If you have ticked the 'Other' box please enter the specific religion here:

National Identity - Please tick the **one** category.

British	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	Not Known	<input type="checkbox"/>
English	<input type="checkbox"/>	Northern Irish	<input type="checkbox"/>	Scottish	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Not Disclosed	<input type="checkbox"/>	Welsh	<input type="checkbox"/>

If you have ticked the 'Other' box please enter the specific National Identity here:

Asylum Status - Please tick the **one** category.

Asylum Seeker	<input type="checkbox"/>	Refugee	<input type="checkbox"/>	Not Applicable	<input type="checkbox"/>
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I declare the information on this form to be correct to the best of my knowledge.

Signed

Print Name

Date