

Application for a place in the Nursery at St Gabriel's

Year of Entry e.g. 2022

Date of Entry

Child's Information

Full Name
(as on birth certificate)

Male / Female

Name Known By
(if different)

Date of Birth /Due Date
dd/mm/yyyy

Nationality

Religion

Principal Address

Postcode

First Language

Second Language

Parent Information

Parent 1 Full Name

Address
(if different from child's)

Home Tel

Work Tel

Mobile Tel

Email

Occupation

Parent 2 Full Name

Address
(if different from child's)

Home Tel

Work Tel

Mobile Tel

Email

Occupation

Do both parents have parental responsibility for the applicant?
(If no, please give further details in a covering letter)

YES

NO

Emergency Contact Information (in absence of parents)

Name

Relationship to Child

Address

Home Tel

Work Tel

Mobile Tel

Email

NURSERY REGISTRATION FORM

Sessions Required

	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day 7.30am—6.30pm					
Please indicate if you require 50 weeks a year <input type="checkbox"/> Term time only <input type="checkbox"/>					

Register for a place in the Junior School

Do you wish to register your child for a place in Reception? YES NO

An additional non-refundable £250.00 registration fee is required to reserve a place in Reception. This second registration fee will be credited to your child's first term's fees in the Reception class.

Current Nursery

Name	Date of Entry
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Where did you hear about St Gabriel's?

Sibling	Old Girl	Current	Local	Advert	School Website	Internet / Social
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Ethnicity (Please tick as appropriate)

WBRI	White, British	APKN	Asian or Asian British, Pakistani
WIRI	White, Irish	ABAN	Asian or Asian British, Bangladeshi
WIRT	Traveller of Irish Heritage	AOTH	Asian or Asian British, any other Asian Background
WROM	Gypsy/Roma	BCRB	Black or Black British, Caribbean
WOTH	White, any other White Background	BAFR	Black or Black British African
MWBC	Mixed, White and Black Caribbean	BOTH	Black or Black British, any other Black Background
MWBA	Mixed, White and Black African	CHNE	Chinese
MWAS	Mixed, White and Asian	OOTH	Any other Ethnic Background
MOTH	Mixed, any other mixed background	REFU	Did not wish to be recorded
AIND	Asian or Asian British, Indian		

Medical Information

Doctor	Tel
Surgery Address	

Vaccinations

Has your child had the following vaccinations:	Yes	No		Yes	No
Diphtheria			MMR		
Whooping Cough			HIB		
Tetanus			Meningitis		
Polio					

NURSERY REGISTRATION FORM

Has your child had any of the following?		Tick as appropriate	
		YES	NO
1	Asthma or bronchitis		
2	Allergies to any known medication		
3	Heart condition		
4	Any other allergies (fabric, food, nuts, plasters etc)		
5	Fits, fainting or blackouts		
6	Other conditions/illness		
7	Severe headaches		
8	Travel sickness		
9	Diabetes		
10	Regular medication		
11	Is your child receiving medical or surgical treatment of any kind from either the family doctor or a hos-		
12	Has your child been given specific medical advice to follow in emergencies?		
13	Does your child have any specific dietary requirements (non-dairy, vegetarian, no pork)?		
14	If it is considered necessary, do you agree to mild pain killers (e.g. paracetamol or Calpol) or antihista-		
16	If the answer to any of Questions 1 – 13 is YES, please give details.		

Disclosures

Please inform us in a covering letter if any of the following circumstances apply to this application:

1. The child has any known medical condition or health problem
2. The parents are separated or divorced
3. There are any Court Orders in relation to the child
4. There are any Court Orders in relation to either parent
5. The child may be unable to play a full part in the sporting curriculum of the school

Notes and Enclosures

- Registration does not commit Nursery or the parents to an offer of a place
- Offers of places are made subject to availability
- Early registration is recommended. Registrations are considered in accordance with our admissions policy, which can be found at www.stgabriels.co.uk/policies
- Parents should read the accompanying standard Terms & Conditions before signing
- Registration is subject to a non returnable fee of £75.00 made payable to St Gabriel's
- An additional non-refundable £250.00 registration fee is required to reserve a place in Reception. This will be credited back to you on your child's first term's fees in the Reception class.
- A copy of the birth certificate or the biometric page of the applicant's passport must be attached to the completed registration form

Parent Declaration

I/we the parents/guardians of _____ request that he/she be registered as a prospective pupil of St Gabriel's. I/we enclose a cheque for/have paid by bank transfer/debit card (delete as appropriate):

Nursery registration fee Reception & Junior School registration fee

I/we understand that the standard Terms & Conditions will undergo reasonable changes from time to time as circumstances require, and will apply in all our dealings with the School.

First Signature	Second Signature
Relationship to Child	Relationship to Child
Date	Date

NURSERY REGISTRATION FORM

Payment Methods

Nursery Registration Fee: £75.00

Reception Registration Fee: £250.00

This second registration fee will be credited to your child's first term's fees in the Reception class.

Cheques should be made payable to St Gabriel's. Alternatively, payment can be made by debit card over the telephone or by bank transfer, using your child's name as your reference.

Account Name: St Gabriel Schools Foundation
Sort Code: 60-15-07

Bank Account No: 65326369
Bank: NatWest, Market Place, Newbury

Please return completed form to:

Admissions Team
St Gabriel's
Sandleford Priory
Newbury
Berkshire RG20 0NU