



**ST. GERARD'S**  
CATHOLIC  
PRIMARY AND  
NURSERY SCHOOL

## Parental Application for St. Gerards Catholic Nursery School

Name of Pupil: .....

### **School Mission Statement**

*"Guided by God, St Gerard's Catholic Primary  
and Nursery School is an inspiring and  
aspirational community where we learn to love,  
hope, dream and achieve."*

**Admission Information**

Child's Legal Surname \_\_\_\_\_

Child's Legal Forename \_\_\_\_\_

Date of Birth \_\_\_\_\_

*(Please provide birth certificate)*

Name and phone number of current Nursery/Playgroup attended

**Medical Information**

Please state below any medical conditions

\_\_\_\_\_  
\_\_\_\_\_

Name of Doctor \_\_\_\_\_ Number \_\_\_\_\_

Address of Doctor \_\_\_\_\_

Does your child have a long-term medical condition of which the school needs to be aware about?

Yes  \_\_\_\_\_

No  \_\_\_\_\_

**Ethnicity**

- |                        |                          |   |                 |                          |   |
|------------------------|--------------------------|---|-----------------|--------------------------|---|
| White-English          | <input type="checkbox"/> | † | White-Irish     | <input type="checkbox"/> | † |
| Black African †        | <input type="checkbox"/> |   | Black Caribbean | <input type="checkbox"/> | † |
| Black-other            | <input type="checkbox"/> | † | Chinese         | <input type="checkbox"/> | † |
| Gypsy/Roma             | <input type="checkbox"/> | † | Indian          | <input type="checkbox"/> | † |
| Pakistani              | <input type="checkbox"/> | † |                 |                          |   |
| Other (please specify) |                          | † |                 |                          |   |

\_\_\_\_\_

**Sessions Required**

Please indicate your preferred session (Please note your preference cannot be guaranteed)

Option 1 – 30 hours entitlement

[\(https://childcare-support.tax.service.gov.uk/\)](https://childcare-support.tax.service.gov.uk/)

Option 2 – Wrap around care (paid)

Option 3 – 15 hours entitlement

(AM 8.45 – 11.45) (PM 12.10 – 3.10)

AM

PM

Please state any special circumstances or reasons you wish to be considered in support of this application

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Details:**

Please tick if your child is baptised Catholic:  
(Please provide the school with a copy of the certificate)

If your child is baptised Catholic please state where the Baptism took place:

\_\_\_\_\_  
Please tick if your child has been baptised any other denomination:  
(Please state which denomination)

\_\_\_\_\_  
If you are planning to have your child baptised please state where and when the baptism will take place:

\_\_\_\_\_  
Please tick if your child is not Catholic but you wish for them to receive a Catholic Education:

**Name of Siblings:**

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Attend St. Gerard's Yes/No

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Attend St. Gerard's Yes/No

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Attend St. Gerard's Yes/No

Telephone number home: \_\_\_\_\_ Mobile: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

**Full name of Father:** \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Postcode: \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone Number Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

**Emergency Contact Information:**

In an emergency who can be contacted? (parent/Carer/relation/childminder/neighbour/friend)

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to the child: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Please write down who has permission to pick up your child from school. Please note anytime somebody other than yourself is collecting your child you MUST contact school.

Is there anyone who the school needs to know who is NOT allowed to pick up your child due to legal reasons?

(please ensure that the class teacher/Headteacher is informed of this too.)

**Your child must be picked up from school by a responsible adult (over 16).**

## PARENTAL PERMISSION FORM

### **EDUCATIONAL TRIPS AND VISITS**

I agree to my son/daughter taking part in any school walks and visits around the locality for the academic year 2017/18 and agree to his/her participation of the activities involved. I acknowledge the need for obedience and responsible behaviour on his/her part. For activities involving transport beyond the immediate locality, individual permission will be sought.

I understand that the teacher in charge of the party will be acting I 'loco parentis' and in the event of an accident I agree to my son/daughter receiving emergency medical treatment which might include the use of anaesthetic and blood transfusions, as considered necessary by the medical authorities present.

I understand that Halton Borough Council is insured, in respect of all its legal liabilities only, and that my child has no Personal Accident cover, or other cover, unless I have been advised specifically by the organiser.

During the visits/trips my son/daughter maybe exposed to excessive sun, should the weather be good. I am aware that appropriate clothing should be encouraged for the visit and will provide a sunscreen, sun hat and sun glasses if required.

### **PHOTGRAPHS AND WEBSITE USE**

Occasionally photographs/videos are taken of the children during school activities and used in class, displayed in the school or on newsletters. The local newspaper also covers events that take place in school (we do not release children's names).

Please sign below if you are happy for your child to be photographed in school for any purpose as deemed necessary.

Classroom photographs

Newsletters

Local Newspaper

### **SCHOOL E-POLICY**

As part of the school's IT programme, we offer children supervised access to the Internet to support their learning in different areas of the Curriculum. During school, teachers will guide pupils towards suitable material. The school have firewall protection in place. Before the school allows pupils to use the internet, we must obtain parental permission.

As parent/carer I grant permission for my child to use electronic mail and internet under supervision at school. I accept responsibility for setting standards for my child to follow when selecting, haring and exploring information and media

### **FOOD PERMISSION LETTER**

As part of the Curriculum, children will sometimes be working with and tasting various foods. We are also involved in the 'free fruit and vegetable scheme for schools'. Through this the children will be given a variety of fruit and vegetables to eat including apples, bananas, pears, satsumas, strawberries, raisins, carrots and tomatoes.

Can you please let us know if your child has any special dietary needs which could prevent him/her from tasting or handling certain foods.

I give permission for my child to take part in food activities in school.

She/he can eat a variety of foods, but should NOT eat the following foods:

\_\_\_\_\_

\_\_\_\_\_

Other comments

\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Please note:**

**It is the right of any parent/carer to withdraw their permission for any of the above at any time should family circumstances alter. Please notify the school in writing if this is the case.**