



347 Caledonia Road, Glasgow, G5 0JY
0141 429 1140

Nursery ADMISSIONS CRITERIA

Our Nursery provision is at present registered for 78 children ages 0-5 years. The facility is available to the Gorbals community and people who work within the G5 postcode. Spaces are available to families outwith Gorbals area.

Priority will be given to:

- Any child who is considered to be in need of protection
- Any child whose family circumstances are considered to be requiring additional support /or whom a G.P., Health Visitor or other professional has referred.
- Working Parents.
- Families living/working within Gorbals/G5

Parents will be asked to provide nappies/baby wipes and TASK will provide snack /lunch(for children in fulltime provision)

The aim of our nursery is to provide a good range of experiences embracing *Pre Birth to Three (2010)* and *Curriculum for Excellence (2009)* documents and in doing so we will:

- Develop children's understanding and value of themselves and others
- Provide opportunities for children to express their feelings, opinions and ideas
- Promote independence by offering children the freedom and flexibility to take responsibility and make choices.
- Supporting Children and their families Health & Wellbeing

Hours of Opening:

Morning Session	9.00 a.m. - 11.30 a.m.
Afternoon Session	1.00 p.m. - 3.30 p.m.
Full Day Care	8.00 a.m. - 5.30 p.m.

Private places in the service are also available to parents working in our catchment area





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NURSERY APPLICATION FORM

Date of Application: _____ Date of Enrolment: _____

Birth Certificate Checked: _____ Admission Category: _____

ABOUT YOUR CHILD:

Name: _____

Address: _____

Tel No.: _____ Date of Birth: _____

When will your child start school?: _____

Name of School: _____

Does your child have any health/medical problems?: _____

Is there anything we should know regarding your child's toileting habits?: _____

Does your child have any dietary requirements?: _____

Does your child speak only English at home: Yes _____ No _____

Other languages: _____

What is your child's main language?: _____

Is there anything about your child's development that concerns you?:



ABOUT YOU AND YOUR FAMILY:

Mother/Guardians Name: _____

Father/ Guardians Name: _____

Address: _____

Tel No: _____

Occupations: _____

Company Name : _____

Time/Shifts Worked: _____

To which council do you pay Community Tax?: Glasgow: _____

Other: _____

Please name: _____

Are there any other children in the family?: _____

Names:

D.o.B:

Is there anything about your family circumstances which may mean you wish your child to be considered for a priority place? If so can you tell us?

All information is strictly confidential and will only be shared with the relevant people.





OUTSIDE AGENCIES INVOLVED WITH YOUR FAMILY

Name: _____ Address: _____ Tel No: _____

Child's Doctor: _____

Health Visitor: _____

Are there any other professionals currently involved with your family (e.g. social workers, Health Service personnel that may be able to support your application): Yes _____ No _____

Name: _____ Title: _____ Address: _____ Tel No: _____

CURRENT CHILDCARE ARRANGEMENTS

Who normally looks after your child?: _____

Does your child attend any nursery or pre-five group?: yes _____ no _____

Is your child on a waiting list for any nursery or pre-five group?: _____

DECLARATION

I declare that the information on this registration form is correct and that I have received a copy and agree to adhere to TASK Childcare's Policies and Procedures

Parents /Carers

Signature: _____

Date: _____





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Adult Nomination Form

The safety and security of the children who attend our project is paramount. It therefore important that we implement security measures for the collection of your child

Do you nominate anyone to pick up your child without prior notice? Yes/No (please circle)

If you wish to nominate please provide the following information

Child's Name:

Password:

Only adults named below will be authorised to collect your child without prior notice.

1.

3.

2.

May we express a child will only be given to authorised persons who must provide a password. (in case of emergencies it is important to contact the project by telephone if any other person is collecting your child/children, password must be provided).

Signature of Parent/Carer

Date.....





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We are committed to Equal Opportunities within our establishment and, as part of this policy, all applicants for placement are asked to complete the details requested below. The information will be used only for the purposes of monitoring the policy and it will be separated from your application. The information it contains will not be used in deciding whether or not to offer you a placement within our establishment

Please complete Childs Details below :

Surname.....	Title.....
Forenames.....	Home Telephone No
Address.....	Parents Work Telephone No
.....	
.....	
Date of Birth.....	Age.....

I would describe my ethnic origin as (please tick appropriate box):

- | | | | | | |
|---|--------------------------|-----------------|---|--------------------------|-------------|
| A | <input type="checkbox"/> | White -UK | F | <input type="checkbox"/> | Indian |
| B | <input type="checkbox"/> | White-other | G | <input type="checkbox"/> | Pakistani |
| C | <input type="checkbox"/> | Black-Caribbean | H | <input type="checkbox"/> | Bangladeshi |
| D | <input type="checkbox"/> | Black-African | I | <input type="checkbox"/> | Chinese |
| E | <input type="checkbox"/> | Black- Other | | | |

Country of birth : 1. UK 2. Other EC 3. Other

My sex is (tick as appropriate): 1. Male 2. Female

Family Status is (please tick appropriate box): 1. Single Parent 2. Two Parent 3. Other

Does the applicant have an Additional Support Need (please tick appropriate box):

1. Yes 2. No

As a parent do you have prime responsibility for caring for children: Yes No

As a parent do you have prime responsibility for caring for an elderly relative or a relative with additional support needs Yes No

Thank your for taking time to complete the above Information





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Consent Form

I consent for my son/daughter.....to
participate in any on-going activities within/outside the premises under the
supervision of Task Staff:

Child's Name.....

Address:

Date of birth:.....

Parents/Carer Name..... Signature.....

Address:.....

Telephone:.....

Does your child suffer from any illness that may cause concern?:

.....
.....

Does your child have any dietary requirements?:

.....
.....
.....

Does your child have any allergies?:

.....
.....

Name of Emergency Contact:.....

Relationship to child.....

Address:.....

.....

Telephone Number

Please give name and telephone number of Doctor:

.....
.....
.....

Parent/Carers

signature:..... Date:.....





DECLARATION

I declare that the information in this registration form is correct and that I have received a copy of Task Childcare's Policies and Procedures and I agree to abide by them

Parents /Carers Signature: _____ Date: _____

I declare that the information in this registration form is correct:

Signature: _____ Date: _____

Do you have any younger children you with a place for in the future?

Name: _____ D.O.B _____

Application Received:.....Date.....

All copies of required documentation included: Yes /No

Staff Signature.....Date.....

