



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.
- ♥ Workin 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 full time 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



NURSERY APPLICATION FORM

Date of Application: Date of Enrolment:

Birth Certificate Checked: Yes ☐ No ☐ Admission Category:

ABOUT YOUR CHILD

Name of Child :

Address :

.....

Tel No.: Date of Birth:

When will your child start school?:

Name of School:

Does your child have any health/medical problems?: Yes ☐ No ☐

(If 'Yes' then please specify):

Is there anything we should know regarding your child's toileting habits?: Yes ☐ No ☐

(If 'Yes' then please specify):

Does your child have any dietary requirements?: Yes ☐ No ☐

(If 'Yes' then please specify):

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

(If 'No' then please specify other languages spoken):

What is your child's main language?:

Is there anything about your child's development that concerns you?: Yes ☐ No ☐

.....

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



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?: Yes ☐ No ☐

Name: D.o.B:

Name: D.o.B:

Name: 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?

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.....

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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?: Yes ☐ No ☐



OUTSIDE AGENCIES INVOLVED WITH YOUR FAMILY

Name of Child's Doctor:

Address:

Tel No.:

Name of Health Visitor:

Address:

Tel No.:

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:

Address:

Nature of Involvement: Tel No.:

Name:

Address:

Nature of Involvement: Tel No.:



ADULT NOMINATION FORM

The safety and security of the children who attend our project is paramount. It is 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 tick appropriate box)

If you wish to nominate please provide the following information

Name of Child:

Password:

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

Name 1:

Name 2:

Name 3:

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:



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:

Name of Child:

Address :

Date of Birth:

Parents/Carer Name: Signature:

Address :

Tel No:

Does your child suffer from any illness that may cause concern?: Yes ☐ No ☐

Does your child have any dietary requirements?: Yes ☐ No ☐

Does your child have any allergies?: Yes ☐ No ☐

Emergency Contacts Name:

Address:

Tel No: Relationship to child:

Name of Child's Doctor:

Address:

Tel No:

Parent/Carers signature: Date:



EQUAL OPPORTUNITIES

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 :

Title: Surname: Forenames:

Address:

Tel No: Parents Work/Contact Tel No:

Date of Birth: Age:

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

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> White -UK | <input type="checkbox"/> Indian |
| <input type="checkbox"/> White-other | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Black-Caribbean | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Black-African | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Black- Other | |

Country of birth: ☐ UK ☐ Other EC ☐ Other

My sex is (Tick as appropriate): ☐ Male ☐ Female

Family Status is (Please tick appropriate box): ☐ Single Parent ☐ Two Parent ☐ Other

Does the applicant have an Additional Support Need?: Yes ☐ No ☐
(Please tick appropriate box)

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 you for taking time to complete the above Information.



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: