

APPLICATION FOR NURSERY PLACE

Please complete this form in **BLOCK CAPITALS** and be aware that we will ask for proof of your child's birth date and some means of checking your child's address (e.g. Child Allowance Book); please either enclose them with this form or bring them into school.

Child's Surname

Child's Forenames

Date of Birth

Address

.....

.....

N.B: The address you give **must** be the address at which the child normally resides. It cannot be the address of your child-minder, friend or relative.

Children in the nursery are normally allocated a morning, an afternoon or a full time place. Please circle your preference below.

1. AM session 8.30am - 11.30am (no charges incurred)
2. PM session 12.15pm - 3.15pm (no charges incurred)
3. All Day 8.30am - 3.15pm (£35 per week which must be paid for on the Monday for that week, should payment not be received this may affect your child's full time place)

4. School lunch required at no extra cost

OR

I will supply my child with a healthy packed lunch

Does your child come under any of the priorities listed in the admission policy that make it additionally important to have a Nursery place at this school. YES/NO

If the answer is **yes** to the question, please state briefly the reason in the space provided below, you must also produce supporting evidence from a relevant Health Visitor, Doctor, Speech Therapist etc. If supporting evidence is not supplied with this application form, normally the school will disregard priority claims.

Health Visitor Name: -----
 Health Visitor Address: -----
 Health Visitor Telephone Number: -----
 Medical problems/allergies etc: -----

If you have any other children, please give names, date of birth and which school (if relevant) they attend below.

Name of child / School
 Name of child / School
 Name of child / School
 Name of child / School

ALL APPLICATIONS MUST BE SIGNED BY A PARENT / CARER

I undertake to notify the school in writing if any significant information changes, in particularly my child's home address. I certify that the information I give above is true.

Signed Parent / Carer

Date

Please print parent / carers full name:- Mr / Mrs / Ms