**NURSERY APPLICATION**

**When returning this form please can you bring your child’s birth certificate/passport so we can verify the details.**

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| Name of child: | |
| D.O.B: | Male/Female: |
| Address: | |
| Parent Name: | |
| Parent Email Address: | |
| Contact Telephone Number: | |
| Alternative Telephone Number: | |
| Names/Ages of other children in school: | |
| Does your child or family have any special circumstances or medical conditions for which a nursery place would be of extra benefit. Please give full details: | |
| Does your child need additional support with the following: Toileting – nappies / additional toilet aids such as step or inner seat? Yes/No Does your child need support with dressing/undressing? Yes/No Does your child have difficulties communicating with others? Yes/No | |
| Please indicate which nursery session you would prefer:   |  |  |  |  | | --- | --- | --- | --- | | Morning / Afternoon 3 hours per day  (15 hours per week) |  | Full day 6 hours per day  (30 hours per week) |  |   Is there a special reason for your preference?  ......................................................................................................................................... **(Although we try our best to accommodate everyone’s preference it is not always possible)** | |
| Have you registered with any other nursery? Yes/No | |
| **Please Note:** A place in nursery does not automatically guarantee a place in the Reception Class. However if you wish to put your child’s name on the list please indicate Yes/No | |
| Parent Signature: ………………………………………………………………………………………… Date: …………………………………… | |

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| **STAFF USE ONLY**  Proof of D.O.B seen (i.e. Birth Certificate) ………………………………………………………………………………  Staff Name: ……………………………………………………………………………… Date: ……………………………………………… |