**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: ……………………………………………… |