**NURSERY APPLICATION AND WAITING LIST FORM**

**Child’s name: ……………………………………… DOB: …………….………..……………………………**

**Parent/Guardian’s Name………………………………………..…………………………………….………**

**Address: ……………………………………………………………………………………………….………….**

**Contact Phone: …………………….…..E-mail address……………………………………………………**

**Do you have other siblings in School?: ………………………...……………………….………………**

**Does your child have any SEND needs or an EHCP:………………………………………………….**

**Preferred start date: ………………………………………………………………………………………….**

**Tick the days and sessions which would be your preference - we require a minimum of 15 hours.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Mon** | **Tues** | **Weds** | **Thurs** | **Fri** |
| **Breakfast club (8-8.45am) payable** |  |  |  |  |  |
| **Morning Session (8.45-11.45am)** |  |  |  |  |  |
| **All day Session (8.45.2.45pm)** |  |  |  |  |  |
| **End of day session (2.45 – 3.30pm) Payable**  |  |  |  |  |  |

**\*It is possible to request additional sessions that you require above your free childcare hours, these will be chargeable at the rate (as of September 2024) of £5 per session. Breakfast club will be chargeable at a**

 **£5 daily rate including breakfast.**

**Please kindly provide a copy of your child’s Birth Certificate and proof of your address with this application form.**

**I confirm that the above details are correct.**

**Signed: ……………………………………….…………….………. Date: ……………………..……………..**

 **Parent / Guardian**