Foundation 1 - nursery application form

Please tick which session you would like your child to attend?

|  |  |  |
| --- | --- | --- |
| AM  8:45-11:45 | PM  12:30-3:00 | All day  (I have a 30 hour code) |

Section 1: child’s details:

|  |  |
| --- | --- |
| First name |  |
| Last name |  |
| Age |  |
| Date of Birth |  |

Does your child have any medical requirements? (Please circle)

No/yes If yes, please provide details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any special educational needs? (Please circle)

No/yes If yes, please provide details of the support they will need:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section 2: Parent/carer’s details:

|  |  |
| --- | --- |
| Parent/carers’ names |  |
| Contact number |  |
| Email |  |
| Home address where child and parent carer lives |  |

Thank you for completing our nursery application form. Children are eligible to start with us the term after they turn 3. If we have places available, we will be in contact with you 1-2 months before this time. If our nursery class is full, then we will keep your application on file and you will be contacted when the next place becomes available.