|  |  |
| --- | --- |
| CHILDS  FULL NAME |  |
| SEX (male or female) |  |
| CHILD’S DATE OF BIRTH |  |
| PARENTS/GUARDIANS NAME |  |
| ADDRESS |  |
|  | |
| POST CODE: | |

|  |  |
| --- | --- |
| HOME TELEPHONE NUMBER |  |
| MOBILE TELEPHONE NUMBER |  |
| EMAIL ADDRESS | Consent for the setting to contact you via email is given on completion of this email address. |

SESSIONS REQUIRED: \*if we are unable to offer your preferred sessions, we will offer what sessions are available

|  |  |  |
| --- | --- | --- |
|  | MORNING  9.00AM – 12.00PM | AFTERNOON  1.00PM - 4.00PM |
| MONDAY |  |  |
| TUESDAY |  |  |
| WEDNESDAY |  |  |
| THURSDAY |  |  |
| FRIDAY |  |  |

PLEASE NOTE: IF ENROLEMENT IS NOT ACCEPTED THEN THE APPLICATION FORM WILL BE DESTROYED. OTHERWISE THE APPLICATION WILL BE HELD IN ACCORDANCE WITH STATUTORY REQUIREMENTS.

DOES YOUR CHILD HAVE ADDITIONAL OR SPECIAL EDUCATIONAL NEEDS YES / NO

HAVE YOU PREVIOUSLY HAD ANOTHER CHILD ATTEND THE NURSERY YES / NO

IS YOUR CHILD ENTITLED TO 30 HOURS FREE EARLY EDUCATION (if so please provide evidence) YES / NO

IS YOUR CHILD ENTITLED TO FREE FOR 2 EARLY EDUCATION (if so please provide evidence) YES / NO

PARENT/GUARDIANS SIGNATURE:………………………………………………………………………DATE………….………...

**PLEASE BRING THIS COMPLETED FORM TO THE NURSERY TOGETHER WITH YOUR CHILD’S ORIGINAL BIRTH CERTIFICATE, WHICH WE NEED TO SEE TO COMPLY WITH THE FREE EARLY EDUCATION REGULATIONS, THANK YOU.**

Office use only:

Birth certificate checked by:…………………………………………………………….............Date:……………………………………

Birth certificate/passport number:………………………………………………………………………………………………………