NURSERY APPLICATION FORM

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| Child’s Name:  Child’s Surname:  Gender: DOB: | Parent/ Carers Name: |
| Address: | Email Address:  Contact Telephone numbers:  Preferred number to be contacted on: |
| Signed:  Date: | Does your child have a sibling in the school? |

|  |  |  |  |
| --- | --- | --- | --- |
| 30hours | Full Week | Monday, Tuesday, Wednesday, Thursday, Friday  9-3pm |  |
| 15hours | All Day | Monday, Wednesday 9-3pm and Friday 9-12pm |  |
| 15hours | All Day | Tuesday, Thursday 9-3pm and Friday 12-3pm |  |
| 15hours | Morning Only | Monday, Tuesday, Wednesday, Thursday, Friday  9-12pm |  |
| 15hours | Afternoon Only | Monday, Tuesday, Wednesday, Thursday, Friday  12-3pm |  |

Please select below in order of preference the session you would like below (1,2,3,4,5)

**Please tick below if any of the following apply**

Please see the back of this form for information on how the government funding works.

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| **Are you in receipt of DLA** |  |
| **Does your child have a EHCP** |  |
| **Do you have a Portage worker** |  |