SANDCASTLES NURSERY APPLICATION FORM

Child's Forename: ..... Surname: .....

Childs Date of Birth: ..... Gender: Male/Female

Please specify the hours you would like: ☐ 15 hours ☐ 30 hours

Please specify your session preference: ☐ AM ☐ PM

Address: .....

..... Postcode: .....

Full Name of Parent 1: ..... Mobile: .....

Email address: .....

Full Name of Parent 2: ..... Mobile: .....

Email address: .....

Do you have any other children attending this school? Yes / No Please state full name (s) and date (s) of birth:

.....

.....

If your child has any special needs, we will liaise with our Special Educational Needs Co-ordinator and it will require further discussion. Please note specific details below:

.....

.....

Referred ☐ Diagnosed: ☐

For office use only

SEN Info:

For office use only

Date of Entry: .....

Processed: ☐ Funded Hours confirmed: ☐