Woodlands Primary School & Treehouse

Expression of Interest for Woodlands School Nursery / Treehouse

Date: ……

Child's Full Name: ……..... (Boy/Girl)

Date of Birth: ……..…..

Nationality: ……..…..

Home Language: ……..

Do you have a sibling in school? .....

What year are they currently in? .....

Parent/Carer Names: ……

……

Home Address: ……

……

Relationship to child: ……

Home Telephone Number: ……

Mobile Telephone number: ……

Email address: ……

Please visit the school website www.woodlandsschoolformby.co.uk for the current Nursery Admissions Policy and Admissions Criteria or contact school for a copy of the policy.
Please note Admissions Policy and Admissions Criteria are subject to change.

PTO

Does your child have any allergies?

Allergy details:
……
……

Does your child suffer from Asthma?
……
……

Is your child toilet trained?
Additional comments:
……
……

Does your child have any disabilities?
Nature of disability:
……
……

Does your child have any other medical/specific needs?
Details of specific Needs:
……
……

Please provide details of any other early years' providers your child will be attending as well as Woodlands Nursery / Treehouse
……

Date you would like your child to commence: ……..

Please indicate the sessions you require: …….

	Treehouse Breakfast Club 8.00am - 9.00am	**School Morning Session** 9.00am – 11.30am	**Lunch Cover** 11.30am-12.30pm	**Afternoon Session** 12.30pm – 3.00pm	**Treehouse After School Club** 3.00pm – 6.00pm
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					