



SANDY LANE NURSERY AND FOREST SCHOOL
Application form

Child's Full Name: _____

Date of Birth: _____

Female / Male / (Please circle)

Address Inc. postcode: _____

Name of Parent / Guardian: _____

Relationship to child: Mother / Father / Foster Parent / Other (please state) _____

Phone Number: _____

Email Address: _____

Is the child in the care of the Local Authority? Yes/No

Any information we should know regarding your child?

If your child has a special need, written support from a Health Visitor, Doctor or Social Worker will be required and should be attached to this form.

Does your child receive 2-year funding? Yes / No

If 'Yes', please provide your 2-year funding code: _____

If 'No', will you be applying? Yes / No

If you provide the following information we can check, with your permission, to see if your child is eligible to 2-year funding: -

Parents full name: _____ **DOB:** _____

NI number: _____

What/Who has prompted you to register your child at this Nursery? ____

Have any of your other children attended this Nursery? Yes / No (*please give their full names)

Please indicate your preference for sessions: 30 hours / morning / afternoon

If you are eligible for 30 hours, please provide the code: _____

We offer wrap around care Monday to Friday.

We will also be offering a school holiday club in partnership with WASPS at a separate location.

Do you think you may be interested in paying for any additional hours/sessions?

Before school..... yes / no

After school.....yes / no

School Holidays.... yes / no

Signed _____ **Date** _____

We will contact you when your child is eligible for a nursery place.

Please remember to inform us of ANY changes to this form.

Notes (office staff)

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