

# West Rise Nursery

## Application Form

Name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Names of parents / carers: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel No Home: \_\_\_\_\_

Mobile No: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Does your child have any special education needs Yes/No

If yes please provide details \_\_\_\_\_

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Does your child receive 2 year old funding Yes/No

Do you have a sibling attending the Infant School Yes/No

Name of Child: \_\_\_\_\_ Class \_\_\_\_\_

Are you intending to send your child to West Rise Community Infant School Yes/No

Please indicate your preferred days and times:-

Your child would be required to attend for a minimum of two sessions per week.

	8.00 – 9.00 (Breakfast Club)	9.00 – 3.00	9.00 – 12.00	12.00 – 3.00	3.00 – 5.00 (After School Club)
<b>Monday</b>					
<b>Tuesday</b>					
<b>Wednesday</b>					
<b>Thursday</b>					
<b>Friday</b>					

Date you would like to child to start: \_\_\_\_\_

Signed: \_\_\_\_\_

Date : \_\_\_\_\_

*In accordance with our Admissions policy priority is given to families with siblings attending West Rise Community Infant School.*

Office Use Only	
<b>Age Group</b>	
<b>Times child attending</b>	
<b>Start date:</b>	