



Application Form – 3 & 4 year olds

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|------------------------|-------------------------------|
| Child's family name: | |
| Child's first name: | |
| Child's date of birth: | Child's gender: Male / Female |
| Home Address: | |
| Post code: | Borough: |
| Mobile: | Email Address: |

PREFERRED SESSIONS:

- Please tick to indicate which sessions you would prefer if they are available.
- **The first 5 sessions (15 hours) are free as part of the government funding.**
- Any extra sessions have to be paid for a list is attached with all prices
- **PLEASE NOTE UNLESS YOU ARE ENTITLED TO 30 HOURS PER WEEK ANY VARIATION FROM EITHER 5 MORNING SESSIONS OR 5 AFTERNOON SESSIONS WILL INCUR A CHARGE**

NB. You must keep the same sessions every week and must give a term's notice if you wish to change

| DAY | MORNING - 8.35 am – 11.15 | AFTERNOON - 12.35 pm – 15.15 |
|-----------|---------------------------|------------------------------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |

PLEASE NOTE: Children that attend nursery for additional hours – above their free/extended hours will be charged for this irrelevant of their attendance. Staff are employed to ensure ratios are adhered and as we have a commitment to pay them we must ensure that the costs are covered.

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|---|--|
| Parent / Guardian's name | |
| Relationship | Mother / Father / Guardian (please circle) |
| Does your child have other siblings currently attending Dulwich Wood Federation schools | Yes / No |
| Ethnic origin of family: | |

| | |
|--|---------------------------------|
| First language: | |
| If a full time place is available are you interested in buying it? | Yes / No |
| Is your child toilet trained? (If they are not we will offer you advice sessions via the Health Visitor as we expect all nursery age children to be toilet trained) | Yes / No |
| I would like an advice session via the Health Visitor | Yes / No |
| Does your child have any extra needs that we should know about before they start so we can support them? | Yes / No |
| If you answered 'Yes' to the above question please give details: | |
| | |
| OFFICE USE ONLY | |
| Birth Certificate seen: YES / NO | PROOF OF ADDRESS SEEN: YES / NO |
| Documents seen by (print name): | Date application received: |
| Borough confirmed as: | |

*Applications will only be placed on our list when proof of address and a birth certificate have been seen by the office staff