

**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 WE CALCULATE 7 HOURS PER DAY. YOUR 30 HOURS WILL COVER 4 FULL DAYS AND ANY ADDITIONAL 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 – 11.35 | **AFTERNOON -** 12.35 pm – 15.35 | | **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. | | | | | | | |
| 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 |
| How did you hear about us? | | | |  |
| Is your child toilet trained?  (If they are not we will offer you advice, as we expect all nursery age children to be toilet trained) | | | | Yes / No |
| Is your child currently in nursery? | | | | 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** | | | | |
| Proof of Date of birth: 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