Nursery Admission Form – Levens CE School – September 20

Please return your completed form to Levens CE School Office in the term prior to starting nursery provision.

**Personal information – child’s details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s first name |  | | | | | | | | | | | | |  |
| Child’s surname |  | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | |  |
| Date of birth |  |  |  |  |  |  |  |  |  | Gender  (male/female) | |  | |  |
| Home address |  | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | Postcode |  | |  |
| Current Nursery if applicable |  | | | | | | | | | | | | |  |
| ***Please note: this information is requested to ensure transference of records where appropriate.*** | | | | | | | | | | | | | |  |

**Parent/carer details**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name of parent/carer |  | Title (Mr/Mrs/Ms/Miss etc) | | |  |  |
| Relationship to child |  | | | | |  |
| Contact tel number |  | | | | |  |
| Contact address |  | | | | |  |
| Requested start date for Nursery Provision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  | |  |
|  | | | | | |  |
|  | | | | | |  |

**Your provision requirements – Automatic entitlement is 15 hours per week**

|  |  |  |
| --- | --- | --- |
| **Day** | **Session 8.45am – 11.45am** | **Session 11.45am – 3pm** |
| **1.** **Monday** |  |  |
| **2. Tuesday** |  |  |
| **3. Wednesday** |  |  |
| **4. Thursday** |  |  |
| **5. Friday** |  |  |

|  |  |
| --- | --- |
| **Parental declaration**  I confirm that I have parental responsibility for this child and the information given is correct | |
| Full name of parent/carer signing the form (please print) | |
| Signed |  |
| Date |  |
| Correspondence address if different from child’s address (*this address will not be used in the allocation process)* |  |