**APPLICATION FOR CHURCHFIELDS INFANTS’ SCHOOL NURSERY**

(Please complete and return to the School Office by 31st January of the calendar year that your child is due to start Nursery)

**Child Details**

|  |  |
| --- | --- |
| First Name: | Known Name: |
| Surname: | Date of Birth: |
| Address:  | Male/Female: |
|  | Previous Nursery/School: |
| Postcode: |  |
| Home Tel No: | Siblings attending Churchfieds Infants’/Junior School? |
|  |  |
|  | Special Medical Information: |
|  |  |

**Family Details**

|  |  |
| --- | --- |
| Parent 1: | Parent 2: |
|  |  |
| Occupation: | Occupation: |
| Mobile No: | Mobile No: |
| Work No: | Work No: |
| Email Address: | Email Address: |

(Please write email address **clearly** and in **BLOCK capitals** as we will be corresponding with you through this address)

**Please indicate below your preferred Nursery session by placing an “X” in the appropriate box:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Option A  |  | Option B  |  | \*Option C |  |

8.45am – 11.45am 12.45pm – 3.45pm 8.45am – 3.45pm (with packed lunch)

**Parent/Carer Declaration:**

I confirm that the information I have provided on this form is complete and accurate, and if any part of this completed Application Form is found false, the offer of a place will be withdrawn.

**I understand that the completion of an Application Form does not guarantee a place in the Nursery.**

**\*I confirm by ticking Option C that I am eligible for 30 hours childcare/or I am willing to purchase the additional sessions at a cost of £20 per day and lunchtime supervision cost of £6 per day via childcare vouchers or monthly payment.**

I understand that, if offered a place in Churchfields Infants’ School Nursery, I will need to apply separately to London Borough of Redbridge for a place in Churchfields Infants’ School Reception.

Signed …………………………………………………………………….. Parent/Carer with legal responsibility

Print Name: ……………………………………………………………..…………………. Date : ……………………………………….