



**CEDARS PRIMARY SCHOOL – NURSERY CLASS**

**Application Form**

Full Name of Child ..... Male/Female

Date of Birth .....

Please give names of any siblings who attend Cedars Primary School

.....

**PARENTS**    **Mother Mrs/Miss/Ms** .....

**Father** .....

**Address**

.....

..... **Postcode** .....

**Email address** .....

**Telephone No.** Home .....

                  Mobile .....

Please indicate below how many hours you require:

15 hours per week (Universal entitlement)     30 hours per week (Extended entitlement)

Please indicate below which sessions you require:

<b>Session</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Morning</b> (9am – 12pm)					
<b>Afternoon</b> (12pm – 3pm)					
<b>Full Day</b> (9am – 3pm)					

**Signed** ..... **Date** .....

You will be contacted a term before your child is due to start Cedars Primary School's Nursery.

**IMPORTANT:** Please notify the school if you change your address or telephone number. It is our only means of contacting you in the future.

For office use:

Due to start Nursery .....Date received .....