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| Application to join Felixstowe Nursery School |
| **Johns Ambulance Hall,Ataka Road, Felixstowe, IP11 9DH Telephone:- 07905504005****Charity number - 274663 Company registration number - 1330371**  |
| **Personal details** |
| First name(s) of child: |  |
| Surname of child: |  | Date of birth: |  |
| Full address: |  |
|  | Postcode: |  |
| Parent/carer name (1): |  |
| Relationship to child: |  |
| Full address (if different): |  |
|  | Postcode: |  |
| Daytime/work tel: |  | Home: |  | Mobile: |  |
| Parent/carer name (2): |  |
| Relationship to child: |  |
| Full address (if different): |  |
|  | Postcode: |  |
| Daytime/work tel: |  | Home: |  | Mobile: |  |
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| **Session request** |
| Preferred start date: |  |
| *Please tick the sessions you would like your child to attend:* |
|  |  |  |  |  |  |
| [Morning] | □ Monday | □ Tuesday | □ Wednesday | □ Thursday | □ Friday |
| [Lunch] | □ Monday | □ Tuesday | □ Wednesday | □ Thursday | □ Friday |
| [Early afternoon] | □ Monday | □ Tuesday | □ Wednesday | □ Thursday | □ Friday |
|  |  |  |  |  |  |
| This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child,**Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child’s birth certificate is required at this point with a copy made for our file.If you find that you no longer need the place, please inform us as soon as possible. Should you decide you no longer need the place we will not retain the details on this application form (see our Privacy Notice). |
| **Signed parent/carer (1):** |  | Date: |  |
| **Signed parent/carer (2):** |  | Date: |  |
| **Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.** |

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| *Tear off the following part to return to the parent(s)* |
| A place will be available for |  | (child’s name) |
| \* on |  | (date) | \* or; we will notify you when a place becomes free. |
| Signed on behalf of the provider: |  |
| Name: |  | Job title: |  |