



Application for Central and Ashgate Nursery Schools

Child's Name	
Date of Birth	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Date of application	Start date requested (month and year)
Address	
	Postcode
Parent/Carer 1~Name	Mobile Number
Parent/Carer 2~Name	Mobile Number
Email address	

Do you have access to funding Please include 2yo code, 30hour code, 15hours for 3yo, paying for all or extra	
Preferred Sessions (am, pm, days)	
Names of any other professionals involved e.g. family visitor, social workers, speech therapists, doctors	
Does your child have any health problems or developmental concerns?	
Is your child attending any groups, nurseries or other childcare provision?	
Signed: _____	Information given without parent present: <input type="checkbox"/>
How did you hear about us?	
<input type="checkbox"/> Family member attended <input type="checkbox"/> Word of mouth <input type="checkbox"/> Saw advert (where?)	
<input type="checkbox"/> Families Information Service <input type="checkbox"/> Internet search <input type="checkbox"/> Recommended by a professional	
<input type="checkbox"/> Other	Please state where you saw an advert, or names of who recommended us

Visit to school - Date	Time	Confirm attendance
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Comments
