

NURSERY and PRE-SCHOOL APPLICATION FORM

Please complete and return to school office or email: finance@chaddesleycorbett.worcs.sch.uk

Name of C	hild:										
Parents Na	ime/s:										
Child's Date of Birth (Day/Month/Year) How old will your child be when starting with us?				/		/					
Home Add											
			Post C	ode:							
Telephone	Telephone			Home: Mobile:							
Email addr	ess:										
IF YOU	CHANGE A	NY OF Y	OUR D	ETAILS <u>AF</u>	TER	THIS APPLICAT	ION - I	PLEASE	NOTIF	Y US	
Date you w Nursery/Pr	ould like yo e-School.	to start			/		/				
Please tick the	o cossions va	u roquir									
Day	9 am to 12 noon (3 hours)	9 am t				Breakfast from 7.30am – 9am	After School Club – 3pm -5pm or 3pm-6pm (please specify time of pick up)				
Monday				·	·						
Tuesday											
Wednesday											
Thursday											
Friday											
ΓΟΤΑL 3 YEA	R OLD GOV	ERNME	NT FUI	NDING ELI	GIBI	LITY 15HRS		30HRS		Please tio	
15 HOURS 2	YEAR OLD (OVERN	IMENT	FUNDING	ELI	GIBILITY YES		NO	F	Please tio	
understand t	hat the offer	of a vac	cancy is	subject to a	avail	ability and I may	be put	on a wa	iting list	i.	
Signature					D	ate					
Please see our	website for	details o	on Gove	rnment Fur	ndin	g available.					
How did you h	ear of our so	chool?	Ple	ease tick.							
	oook advert er outside sc	hool									
	l of Mouth	11001			Ot	her (Please speci	fy)				