

APPLICATION FORM
 TWO YEAR OLD PROVISION

Child's Family Name		Date of Birth	
First Names		(Please Circle) BOY / GIRL	
Home Address (This must be where the child normally lives and we may check this. The address of a childminder, grandparent or any other person looking after your child during the day must not be used)			
Post Code _____			
Home Telephone Number		Day Time Telephone number	
Mobile Telephone Number			
E-mail address			
Parent's Family Name	Parents First name	Title	M/F
Is an older brother or sister attending this nursery who is living at the same address and who will still be there when this child is due to attend? If 'yes', please give the name and date of birth of the child.			
Name		Date of Birth	

Is there any exceptional family, social or medical circumstance which makes this nursery the most suitable one for your child? If so please give details below. If you wish the Head teacher to take this into consideration, please provide documentary evidence. This should be from a professional e.g. a GP, Hospital Consultant or Specialist, Social Worker or Educational Psychologist or other professional person.

Your child will be entitled to 15 hours free education in our setting as a morning or afternoon session.

Please indicate your preference for attendance, (which will be subject to availability) :

Mornings: 8.30am – 11.30am 15 hours term time only

Afternoons: 12.30pm – 3.30pm 15 hours term time only

Eligibility Reference Number:

Places cannot be offered without this number.

How did you find out about Surbiton Children's Centre Nursery?

I confirm that the information above is correct.

Signature Date.....

Father, Mother or Person with Parental responsibility.

Additional Information:(continue on separate sheet if necessary)

FOR OFFICE USE ONLY:	Walking Distance from School as measured by the Admissions Dept at RBK:	Date of visit and tour of the school:
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