



# NURSERY WAITING LIST FORM

Please use capital letters when completing this form

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Page 1

Child's Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Chosen Name: \_\_\_\_\_ Gender: Male  Female

Date of Birth:

### Parents Particulars

#### Mother's Details:

Title: \_\_\_\_\_ Forename: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

#### Father's Details:

Title: \_\_\_\_\_ Forename: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

Does your child have any Special Educational Needs or Disability? Yes  No   
(Please provide details)

Does your child have any medical conditions? Yes  No   
(Please provide details)

Does your child attend a playgroup or nursery? Yes  No   
(Please provide details)

Name(s) of siblings: \_\_\_\_\_

### Preferred Sessions

I would like my child to attend 30 hours per week. I am eligible for those hours. Yes  No

I would like my child to attend 15 hours per week. Yes  No

(If you would like your child to attend for the government funded 15 hours per week, please order session preferences below)

Morning only Mon-Fri only (9:00 -12:00):  Beginning of week (Mon,Tues 9:00-3:00, Weds 9:00-12:00):

Afternoon only Mon-Fri only (12:00 -15:00):  End of week (Weds 12:00-15:00,Thurs, Fri 9:00-3:00):

Signed: \_\_\_\_\_ Date:

### Office Use

Birth Certificate seen: \_\_\_\_\_ Date: