

CALCOT INFANT SCHOOL AND NURSERY

APPLICATION FOR WAITING LIST FOR NURSERY

CHILD'S SURNAME:	_____
FIRST NAME:	_____
Middle Names:	_____
Date of Birth:	Day: _____ Month: _____ Year: _____
Sex:	Male/Female

Home Address: _____

Town: _____ Post Code: _____

Full Name of child's parent/guardian: _____

Contact Numbers Mother:	Father:
Home: _____	Home _____
Work: _____	Work: _____
Mobile: _____	Mobile: _____

Address (if different from above: _____

Any problems with: Hearing: _____ Speech: _____

Sight: _____ Asthma: _____ Hayfever: _____

Allergies: _____

Playgroup or Nursery attended _____

If you consider this application one of a social/medical priority is there an accompanying letter from doctor or health visitor available: _____

Position in family (1st, 2nd, child etc) _____

Name of brothers/sisters: _____

Morning or afternoon place preferred?

8:50 – 11.50 am _____ or 12.30 – 3.30 pm _____

Which school will your child attend? _____

Birth Certificate seen: _____

(Please present Birth Certificate with application)

Signed (Parent/Guardian) _____

Date: _____