

Little Laurels Nursery Application Form

Please note that admission to the Nursery does ${\bf NOT}$ guarantee a place in the Reception Class. Please ask at the school office for the admission arrangements for children wishing to be admitted to the Reception Year.

CHILD'S DETAILS

Pleas	e give child's name in full (as per birth certificate)		
SUR	NAME		
FOR	ENAMES	•••••	
DAT	E OF BIRTH	GENDER	Male/Female
FULI	L ADDRESS		
PAR	ENT AND CARER DETAILS	POS	T CODE
Pleas	e give names of all parent(s) / carers(s) who live(s) at	the same address as t	he pupil and/or elsewher
1.	SURNAME	Т	TITLE
	FORENAME RELATIO	NSHIP TO PUPIL	
	FULL ADDRESS		
		POS	T CODE
	HOME PHONE NUMBER: WO	ORK PHONE NUMBE	R
	MOBILE PHONE NUMBER		
	EMAIL ADDRESS		
2.	SURNAME	•••••••••••••••••••••••••••••••••••••••	TITLE
	FORENAME RELAT	ONSHIP TO PUPIL	
	FULL ADDRESS	•••••	
		POS	T CODE
	HOME PHONE NUMBER: WO	ORK PHONE NUMBI	ER
	EMAIL ADDRESS	•••••	
SIBL	ING DETAILS		
	E(S) OF ANY BROTHERS OR SISTERS WHO WILL BE A DOL <u>AT THE TIME OF ADMISSION</u>	ATTENDING THE LAI	URELS PRIMARY
NAM	NE	Year Grou	p
NAM	\E	Year Grou _l	p
NAM	NE	Year Grou	p

I AM SUPPORTIVE OF THE ETHOS OF THE LAURELS PRIMARY SCHOOL PLEASE TICK IF			
APPLICABLE			
SPECIAL EDUCATIONAL NEED			
DOES YOUR CHILD HAVE A CURRENT STATE	MENT OF EDUCATIONAL NEED?	YES/NO	
DOES YOUR CHILD HAVE ANY SPECIAL EDUC (PLEASE ATTACH RELEVANT INFORM.	·······	YES/NO	
START DATE AND NUMBER OF SESSIONS			

WHEN DO YOU WISH YOUR CHILD TO START AT THE NURSERY?....

PLEASE TICK WHICH SESSIONS YOU WOULD LIKE. We would like to encourage parents to take five sessions but you must have a minimum of three sessions. Please let us know if you are sharing your funding with another Nursery.

Free entitlement choices	V	
Monday to Friday morning sessions 9 - 12		
Monday To Friday afternoon sessions: 12 - 3		
2 Full days - 9 - 3 Plus 1 morning or afternoon session 9-12 or 12 - 3		Please state which day and which time

Additional sessions may be booked at a cost of £5 per hour

Please indicate what you would like?

ETHOS

	Morning sessions 9-12	Lunch 12-1	Afternoon sessions 12-3
Please tick to indicate	9.00-12.00 (£15)	12.00 -1.00 (£5)	1.00-3.00 (£10)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

I would like to book in for the breakfast club 8am till 9.00 am with Breakfast included £6 per session

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

PLEASE INDICATE THE NAME OF THE OTHER EARLY YEARS PROVIDER YOUR CHILD WILL BE ATTENDING IF APPLICABLE:
PLEASE ATTACH ANY OTHER INFORMATION WHICH MAY BE RELEVANT TO THIS APPLICATION:
SIGNED DATE
To be returned to the school as soon as possible
To: The Governors (Admissions) The Laurels Primary School Winterbourne Way Durrington West Sussex BN13 3QH Or Email to: office@laurels.w-sussex.sch.uk
FOR OFFICE USE ONLY

Date received