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| **Bedlington West End Primary School**  Ridge Terrace, Bedlington, Northumberland, NE22 6EB  Tel: 01670 822328  e-mail: admin@westend.northumberland.sch.uk |  |
| **Nursery Application Form** | |

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| **PERSONAL DETAILS** |
| **Child’s Name:** |
| **Date of Birth:** |
| **Address:** |
| **Parent Name:** |
| **Contact Telephone Number:** |
| **E-mail Address:** |
| **Name of current pre-school\nursery (if any):** |
| **Details of any Additional Needs your child may have:** |

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| **NURSERY REQUIREMENTS** |
| I would like my child to attend nursery for the following sessions:  Morning session (8.50am – 11.50am)  Afternoon session (12.30pm – 3.30pm)  All day (I am entitled to 30 hours free childcare)  Other, please state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I would like my child to start nursery in September 20\_\_ |

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