



Date received

APPLICATION FORM

Full name of child: boy/girl

Address: Postcode:

Home Tel No: Date of Birth:

Preferred sessions (please be aware that we are unable to guarantee your preference)

5 Mornings	
5 Afternoons	
2.5 days (All day Mon, Tue and Weds AM)	
2.5 days (Weds PM, all day Thurs and Fri)	
30 Hours (depending on eligibility)	

Name of mother/guardian:

Mobile No: Work No:

E-mail address:

Name of father/guardian:

Mobile No: Work No:

E-mail address:

Religion:Home Language:Ethnic Origin.....

Other languages spoken at home:

Names and date of birth of any brothers/sisters who are or have attended Cookham Nursery School?

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Does your child currently attend a nursery or playgroup. If so, please give details:

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Does your child have special needs? If yes, please give details below (please continue on a separate page if appropriate):

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How did you hear about Cookham Nursery School?

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Signature: Print name: Date:

Please attach a copy of your child's birth certificate when you return this form