

Wheelwright Lane Nursery

Application for admission to Wheelwright Lane Nursery

Child's legal surname:								Date of Birth:		
Child's legal forename(s):								Sex:		
Address:									<u> </u>	
Post Code:										
Main Telephone no:										
Mobile no:										
Email:										
	•									
Parent Information										
Full Name of Parent 1:										
Full Name of Parent 2:										
Other person(s) with pare	ental r	responsibility	/ :							
Main language spoken at home:										
Other children in the fam	ily:	•								
Name	•	Date of Bi	rth				Schoo	l attended		
alile C										
Child Information										
Language spoken by child:										
Has your child attended p school? Details:	revio	us Nursery/p	ore-							
Health details (include all	ernies	s or medical i	needs of t	he chi	I4)					
Doctor's name:	er gres	s or medicar i	ieeus 01 i	HE CHI	u)					
Health visitor's name:										
Any other professional in	volvec	d (e.a.								
social care, speech and lai										
Health visitor, other):	, ,	, - ,								
We offer 15 and 30 hours	free e	entitlement f	or eligible	e 3 yea	r olds. (Core se	ssions	are 8:45- 3:	15 daily (2:45	 5
finish for 30-hour places. A										
Nursery for details of the		•						•		
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Please indicate below the provision you require. Start Date (Term):											
30 hours Yes/No											
15 hours Yes/No											
Monday Tuesday		Wednes	day	Thursda	ıy	Friday		Lunches			
a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.		

Please indicate days you may require the wraparound service below (7.45-8:45 am and 3:15-5:45 pm)

Monday (am or pm)		Tuesday		Wednesday		Thursday		Friday	
a.m.	p.m.	a.m.	p.m.	a.m.	o.m.	a.m.	p.m.	a.m.	p.m.
Signed:					Date:				
Print Name	:								