Nottingham Academy Primary

Nursery Waiting List

|  |  |  |
| --- | --- | --- |
| Child’s Full Name: | Click or tap here to enter text. | |
| Date of Birth: | Click or tap here to enter text. | |
| Address: | Click or tap here to enter text. | |
| Postcode: | Click or tap here to enter text. | |
| Child’s Gender: | Male  Female | |
|  | | |
| Contact 1 | | |
| Parent/Guardian Name: | Click or tap here to enter text. | |
| Relationship to Child: | Click or tap here to enter text. | |
| Contact Number: | Click or tap here to enter text. | |
| E-mail Address: | Click or tap here to enter text. | |
| Parental Responsibility: | Yes  No | |
| Contact 2 | | |
| Parent/Guardian Name: | Click or tap here to enter text. | |
| Relationship to Child: | Click or tap here to enter text. | |
| Contact Number: | Click or tap here to enter text. | |
| E-mail Address: | Click or tap here to enter text. | |
| Parental Responsibility: | Yes  No | |
|  | | |
| Has your child ever attended another Nursery? | | Yes  No |
| If yes, please state the name of the Nursery: | | Click or tap here to enter text. |
| Please state your preferred Nursery session:  *Please note, if you select 30 hours, we will require proof of your eligibility (*[*find out if your eligible here*](https://www.gov.uk/apply-30-hours-free-tax-free-childcare)*)* | | AM  PM  30 Hours |
| Please state the names of any siblings in the Academy: | | Click or tap here to enter text. |
|  | | |
| Please state any additional information we should be aware of: | | Click or tap here to enter text. |

*If any of your contact details change, please let the office know ASAP.*