Heartwood CE VC Primary & Nursery School

**Nursery admission waiting list form**

**Child’s Details**

First Name(s):………………………………………………………………………………………………..

Legal Surname:………………………………………………………………………………………………

Child’s Date of Birth: …........../…………../……………..

Child’s Sex: M / F (Please circle)

Child’s Nationality:………………………………..… Child’s Country of Birth………………………….………..

Home Address:……………………………………………………………………………………………………………………….

Post Code:…………………………… Telephone: ……………………………………………………….

**Parent/Carer**

First Name: ………………………………..……….. Surname: ……………………………………………….…………….

Relationship to child:…………………………… Mobile Telephone No:…………………………………………….

Email address:………………………………………………………………………………………………………………………..

**Parent/Carer**

First Name: ………………………………..……….. Surname: ……………………………………………….…………….

Relationship to child:…………………………… Mobile Telephone No:…………………………………………….

Email address:………………………………………………………………………………………………………………………..

**Preferred Nursery Session** (please tick)

**Option 1**- 5 morning sessions: 9-12pm 🞏

**Option 2**- 5 afternoon sessions: 12:30-3:30pm 🞏

**Option 3**- 2.5 days. Monday and Tuesday 9-3:30pm (with home packed lunch) and a Wednesday 9-12pm 🞏

**Option 4**- 2.5 days. Thursday and Friday 9-3:30pm (with home packed lunch) and a Wednesday 12:30-3:30pm 🞏

**Option 5**- 5 days Monday-Friday 9-3:30pm (for 30 hour eligible families only) 🞏

**Additional Information**

Does your child have any additional needs that we should be aware of? Y / N (Please circle)

If yes please give details:………………………………………………………………………………………………………..

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……………………………………………………………………………………………………………………………………………….

Does your child have any special dietary requirements? Y / N (Please circle)

If yes please give details:……………………………………………………………………………………………………….

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Does your child use the toilet independently? Y / N (Please circle)

Please give details:…………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Please use the space below to give the details of any school age siblings attending any other local school.

Name:…………………………………….……….……. Age:…………. School:…………………………….…………….…

Name:…………………………………….……….……. Age:…………. School:…………………………….…………….…

Name:…………………………………….……….……. Age:…………. School:…………………………….…………….…

Thank you for completing this form. We will contact you the term after your child becomes three years old with an expected start date. If you have any enquiries before this time please call us on 01760 721357 or contact us by email at office@heartwood.norfolk.sch.uk

Many thanks

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