

**Request application for a nursery place**

**Please tick:**      2yr old place       3yr old place

Parents kindly complete the information about your child.

**Note that this is only an initial Application and does not guarantee a Nursery place for your child.**

Children are accepted on an age basis and **not** on a first come first serve basis.

As soon as your child is eligible for funding and we have a vacancy, the parent will be contacted by the Nursery.

Name of Child: .....

Date of Birth: .....

Address: .....

Contact no 1 .....

Contact no 2.....

Email Address .....

Is your child eligible for the 2 year old funding ? .....

Is your child eligible for the 30 hour funding?.....

Is the parent a committee member of Ar-Rahman Masjid? .....

If yes, please state name of member

.....

Is the child a "looked after child" by Local Authority?.....

Does the child have additional needs and is on a "Early Help' .....

Has the child above previously had a sibling attending The Olive Garden Nursery in the last 3 years?.....

If yes, name of child and year attended

..... Year.....

Please specify which session you would prefer Morning  Afternoon

Date:.....Signed by staff member.....

Please notify the Nursery if there are any changes in these details from the time this Application Form has been sent to the Nursery

**NOTE: The cut off point for admissions for the following September will be before the February half term.**