**APPLICATION FOR ADMISSION TO**

**BEARWOOD PRIMARY SCHOOL**

**NURSERY**

Bearwood Road, Sindlesham, Wokingham, RG41 5BB Tel: 0118 9784628

Email: admin@bearwood-pri.wokingham.sch.uk

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| **PLEASE ENCLOSE A COPY OF YOUR CHILD’S BIRTH CERTIFICATE** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname: | | | First Name: | |
| Gender: M/F | Date of Birth: | | | |
| Address:  Post Code: | | | | |
| Home Telephone: | |  | | |
| Mobile Telephone: | |  | | |
| Email Address: | |  | | |
| Mother’s name and title: | | Miss/Ms/Mrs | | |
| Father’s name and title: | | Mr | | |
| Names of brothers/sisters Date of Birth | | | | Names of brothers/sisters Date of Birth |

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| Please indicate whether you would prefer:   * 5 x Morning sessions (8.45 - 11.45am) * 5 x Afternoon sessions (12.15 - 3.15pm) * 5 x all day 30 hours (8.45am – 3.15pm) Lunch club 11.45am – 12.15pm £3 per session (provide own lunchbox)   Please note that we cannot guarantee to honour your preference.  Please state which other settings (if any) you have applied to: | | |
| **MEDICAL INFORMATION** | | |
| Please state any medical/special needs your child may have that you wish the school to be aware of. | | |
| **For office use only** | | |
| **Birth certificate seen by:** |  | **Session offered: am/pm** |
| **Home visit date:** |  | **Start Date:** |