Thank you for your interest in your child joining Ivy Bank nursery.

Please complete this form and return it to the school office or email it to [nursery@ivybank.cheshire.sch.uk](mailto:nursery@ivybank.cheshire.sch.uk)

|  |  |
| --- | --- |
| Child’s name: |  |
| Child’s date of birth: |  |
| Parent’s name: |  |
| Parent’s email address: |  |
| Parent’s contact number: |  |
| Address: |  |
|  |  |

**Sessions**

We ask that your child attends a minimum of two sessions per week. We will try to accommodate your preference, subject to availability. Please tick which sessions you would prefer your child to attend.

Please note that we will be unable to offer or confirm a place within our setting without this information.

|  |  |  |  |
| --- | --- | --- | --- |
| Session | AM | PM | Full day |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |

**Preferred start date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Further information**

Please specify whether your child has any:

* Dietary requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Special Educational needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there any other agencies involved with your child: YES\* / NO \*If yes, please advise below

|  |  |
| --- | --- |
| Speech and Language |  |
| Paediatrician |  |
| Early Years Team |  |
| Other, please state: - |  |