

## ENROLMENT APPLICATION PLEASE USE BLOCK CAPITALS

Child's name:	
Date of Birth:	
Address:	
Postcode:	
Name(s) of parent	(s)/guardian (with legal parental responsibility):
Address:	
Postcode:	•••••
Home Tel number:	
Mobile number:	
Email:	
Name(s) of parent	(s)/guardian (with legal parental responsibility if different from above):
Address:	
Postcode:	
Home Tel number:	
Mobile number:	
Email:	

## Funding

All three and four year olds are eligible for 15 hours of funded care from the term after they turn three. Some two year olds are also eligible for funding.

In certain cases, three and four year olds are eligible for 30 hours of funded care. Please advise if you intend to claim for this additional funding, as there are only a limited number of places available. For further information regarding this, please speak to the nursery manager.

I intend to claim for 30 hours of funded care

cont'd over .../

Please return this form to:

Grayswood Nursery School, The Village Hall, Grayswood Road, Haslemere, Surrey GU27 2DJ



Does your child have any special needs require	ements?	Yes/No
If yes, please specify:		•••••
Date you wish your child to start Grayswoo (Please note children may not start before	·	
Number of sessions required per week:	(subject to availability)	
Days preferred: (please circle a minimum of (subject to availability)	f two separate days): MON* TUE WED	THU FRI
*Mondays are only available for those child academic year.	ren who will be eligible to move on to Rece	ption Class the following
I enclose the registration fee of £50.00, wonce I have been offered a place, I will be which will be non-refundable if my child do	requested to pay £100 two terms before	my child begins nursery
Cheques payable to 'Grayswood Nursery School bank account: Sort Code: 30 93 94 A/C Num Please use your child's name as the Reference when paying via this method.	nber: 00090422 A/C Name: Grayswood Nui	rsery School.
Signed:		Parent/Guardian
Date:		
For Office Use Only:		
Registration Fee Received	Date:	
Registration Form Received	Date:	
Acknowledgement Letter/Email Sent	Date:	
Deposit Received	Date:	
Parent Permissions Form Received	Date:	
Individual Medical Information Received	Date:	
Emergency Contact Form Received	Date:	
All About Me / My Child Forms Deceived	Date:	

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