

Aclet Close Nursery School, Aclet Close, Bishop Auckland, Co.Durham DL14 6PX



Tel 01388 603006 e-mail <u>acletclose@durham.sch.uk</u>

www.acletclose.durham.sch.uk

Application for a Nursery Place

Child's Name:			Male/Female
Address			
		Р	ost Code:
Date of Birth:			
Name of Parent/	Carer Mr/Mrs/Ms/Miss:.		
Relationship to	child e.g Mother		
Telephone No:		Mobile:	
Email Address:.			
	Se	essions: Pleas	se tick ONE:
Am (Morning)	(8	8.30 to 11.30)	
Or Pm (Afternoon) Or	(*	12.30 to 3.30)	
	r BW – Mon a.m to Wed EW – Wed lunchtime to		
Or 30 Hours (subje			□ 30 hours code:
` ,	<i>3</i> ,,		National Insurance Number:
flexibility for a limattached to this a	ited number of places. Th rangement. Please ask fo	ese places are r details from t	r, 5 days a week, in term time. We are now able to offer subject to availability, and there are some conditions he office. Whilst we try to arrange sessions to suit can attend each session.
Have you applied for	or your child's admission to	any other Early	Years provider? Yes/No
If so, please state v	vhich one:		
Which is your first of	choice?:		
If your child has Sp possible.	ecial Educational Needs or	will require addi	tional support in Nursery, please inform us as soon as
	ormation: Please inform us h session you might prefer,		cumstances of which we need to be aware, particularly
Date of entry to Pri	mary School:	Which one?).
Signed:			Date: