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and the Department for Education.

<u>Application form for a FREE 3+ (15 hours) Place</u> <u>at The Willows School and EYC Nursery Class</u>

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Admis	ssion date
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/ and *	
Child's SURNAME (FAMILY NAME):	
Child's First Name:	
Child's Other Names :	
Date of birth: Sex: boy	□ girl □
Special Educational Needs	
Professional Support (eg Speech and Language)	
Address:	
Post Code: Telephone Number:	
Email address	
Mother's/Guardian's name: Ms/Mrs/Miss	
Father's/Guardian's name: Mr	
Have you previously had a child attend the Nursery or school here?	? Yes/No
If yes – child's name	
Nursery sessions for children aged 3+ are Mondays- Fridays: 8.50ar	m -11.50am
Are you eligible for the Extended 30 hours free child-care? You will need to provide your Eligibility Code.	Yes/No
If not, we may be able to offer additional sessions at £12 per session information?	n. Would you like more Yes/No
Has your child attended and received funding for another nursery Please let us know the name of the nursery	
SignedDate	
Please let us know if your address or telephone number changes The Willows School and Early Years Centre, Fishermead Blvd – Tel: 0	01908 528803
I applied for a nursery place at The Willows Nursery Class on:	thday. We occasionally be will turn 3 during their is will be allocated ou wish to see a copy. The section of place for your child, eneral Data Protection

to keep it up to date. The school is required to share some of the data with Milton Keynes Council
