

Waiting List / Registration Form

Please read our prospectus before completing this form.

This can be found on the Nursery dropdown at www.desmondandersonprimaryacademy.org.uk.

Child's Full Name:												Boy / Girl Date of Birth//											
Parent/	Carer (1)	Mr, M	rs, M	ls, M	liss																	
Parent/Carer (2) Mr, Mrs, Ms, Miss																							
Address	s:																						
	Post Code:																						
Telephone:											-	M	Mobile:										
Email																							
Name a Does yo Name(s	our child and Add our child s): n can st	ress I hav	of Nurs	sery:	ttend	ding o	our nu	rser	y or	Des	smo	ond A	\nde	erson	Prim	ary A	Acad	emy?	Yes		0		
When would you like your child to start at our nursery? Pl														Plea	se tick	one box							
The terr	m <u>after</u> ı	my c	hild's 3	rd bir	thda	y, wh	nen eli	gible	e for	the	3 a	and 4	yea	ar old	d Free	Ent	itlem	ent.					
	m in wh		-					• •		•		-ees	may	/ be i	ncurre	ed o	r you	ı may t	е				
will con	ntact yo assumii	u the	e term	befo	ore y	our	child	is d	ue t	o si	tart	t at ti	ne r	nurse	ery. Y	ou v	vill k	e offe	red	a pl	ace f	icy. We or your session	

Free Entitlement

To check eligibility for the 2 year old Free Entitlement (if you would like your child to start as a Rising 3) please go to www.westsussex.gov.uk/education-children-and-families/childcare-and-early-education/free-childcare-for-2-year-olds/

To check eligibility for the 3 and 4 year old Extended Free Entitlement (30 Hours), please go to: www.childcarechoices.gov.uk

Additional Information Please indicate below if your child has any medical or health needs. E.g. hearing, vision, asthma, allergies, diet, etc. Is your child or family having additional support from any of the following? Yes / No If yes, please give details. Speech and Language Therapist (SALT) Child Development Centre (CDC) Health Visitor (HV) Family Link / Support Social Worker How did you find out about our nursery? __ Please keep the nursery up to date with your contact details. We will not be able offer sessions for your child if we cannot reach you. Waiting List / Registration Forms will not be accepted without your child's original birth certificate or passport being seen by a staff member and the details verified. Please sign and date this form, then return it to the nursery at the address below. Your child's name will then be added to our waiting list. Signature: ___ Date: _____ Office use only: Please confirm that these details are correct. Child's full name:

Desmond Anderson Nursery, Anderson Road, Tilgate, Crawley, West Sussex. RH10 5EA Email: nursery@desmondandersonprimaryacademy.org.uk Tel: (01293) 530638

Date of birth:

Staff signature:

Birth Certificate or Passport Number: