

Waiting List / Registration Form

| Child's Full | Nam | ie: _ | | | | | | | | | | | | | Boy / | Girl | D | ate | e of | f Birt | h | | / | _/_ | _ | |
|-------------------------------|-----------------|----------------------|----------|--------------------|--------|-------|--------|--------|--------|------|-------|-------|--------|-----|--------|-------|-------|-------|------|---------------------|-----|----------|-------|---------|------|-------|
| Parent/Care | ər (1) | ı | Mr, M | irs, N | ∕ls, N | 1iss | | | | | | | | | | | | | | | | | | | | |
| Parent/Care | er (2) | | Mr, M | rs, N | ∕ls, N | 1iss | | | | | | | | | | | | | | | | | | | | _ |
| Address: _ | | | | | | | | | | | | | | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | Post | С | ode: | | | | | | | | | | | _ |
| Telephone: | | | | | | | | | | ļ | Mobil | le | : | | | | | | | | | | | _ | | |
| Email _ | | | | | | | | | | | | | | Ι | | | | | | | | | | | | |
| Does your o | | | • | | | | • | | | | | | | | | | • | | | | | | | | | |
| Does your on Name(s): _ | | | | • | | _ | | | • | | | | | | | Prim | ary . | Aca | ade | ∍my? | · \ | Yes | / No |) —— | | _ |
| Children ca | n sta | rt at | Desm | ıond | And | ersc | on Nu | rser | y fro | mc | the t | erm | in wł | nic | ch the | y ha | ıve t | :hei | ir 3 | ³ rd bir | tho | day. | | | | |
| When wou | ld yo | <u>u lil</u> | ke yoı | <u>ır ch</u> | nild t | o st | art a | t ou | r nu | rse | ery? | | | | | | | | | | | ļ | Pleas | se tick | one | e box |
| The term <u>at</u> | <u>ter</u> m | ıy ch | nild's 3 | ³ rd bi | rthda | ıy, w | /hen | eligil | ole fo | or | the 3 | 3 and | l 4 ye | за | r old | Free | : Ent | title | ∍m∈ | ent. | | | | | | |
| The term in eligible for t | | | • | | | | | • | , | | • ' | Fee | s ma | ıy | be in | curre | ∍d o | r yo | ou | may | be | ; | | | | |
| Your child' | t you | ı the | e term | bef | ore y | your | r chil | d is | due | e to | o sta | rt at | the | nı | urser | y. Y | ou v | will | l b | e off | ere | ed a | pla | ice f | or y | your |
| child (assu | | g s | essio | ns a | are a | avai | lable | ;) aı | nd y | yo | u w | ill h | ave | tl | he o | рро | rtun | ity | to | o in | dic | ate | уо | ur s | es | sion |
| Free Entitle To chec please g | k eliç jo to | gibil <u>ww</u> v | w.west | tsus | | | | | | | | | | | | | | | | | | | | | | 3) |
| To chec | _ | _ | - | | | ıd 4 | year | old | Ext | en | ded | Free | Ent | itl | lemei | ıt (3 | 0 H | our | rs), | , plea | ase | e go | to: | | | |

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 academy office at the address below. Your child's name will then be added to our waiting list. Signature: Office use only: Child's full name: Date of birth: Staff member to confirm that all details are correct.

Desmond Anderson Primary Academy, Anderson Road, Tilgate, Crawley, West Sussex. RH10 5EA Email: office@desmondandersonprimaryacademy.org.uk Tel: (01293) 525596

Proof of address:

Staff signature:

Birth Certificate or Passport Number: