

## DE LACY PRIMARY SCHOOL NURSERY PLACE-CONFIRMATION OF INTEREST

Please complete in BLACK ink or TYPE. Please complete every section.

CHILD'S DETAILS	
<b>Surname</b>	<b>First Names</b>
<b>Date of Birth</b>	<b>Gender</b>
<b>Address</b>	
<b>Postcode</b>	
<b>Religion</b>	<b>Language spoken at home</b>
<b>Does your child have Special Educational Needs? If yes please provide details</b>	
<b>Is your child in the care of a Local Authority? If yes, which Authority?</b>	
<b>Does your child currently attend any other childcare provider, or will they do so in addition to De Lacy Primary School Nursery? If yes, please specify.</b>	
<b>Any other information</b>	

PARENT/CARER DETAILS
<b>Full Name(s)</b>
<b>Address (if different to child)</b>
<b>Postcode</b>
<b>Contact telephone number</b>
<b>Relationship to Child</b>

## SIBLINGS

Full name (s)	Date of Birth	School
Full name (s)	Date of Birth	School
Full name (s)	Date of Birth	School

## SESSION PREFERENCE

We offer two half day sessions (morning and afternoon). Each child is allocated either a morning or afternoon session which they attend Monday to Friday.

The timings of the sessions are

**Morning Session: 8:45am – 11:45am, Afternoon Session: 12:30pm – 3:30pm**

Please state below your preference for either a morning or afternoon session. Whilst we will endeavour to accommodate your preferences we cannot guarantee this.

Preference (please delete as appropriate):

**Morning Session / Afternoon Session / No Preference**

Please inform school immediately if you change your address. School cannot be held responsible for undelivered correspondence

## DECLARATION

I certify that to the best of my knowledge, the information given on this form is true and correct and that false information could result in the offer of a place for my child being withdrawn.

Parent/Carer Name

Parent/Carer Signature

Date