



Your child's details:

Surname: Forenames:.....

Male Female Date of birth:

Address:

..... Post Code:

Welcome and thank you for applying for a place in Apple Blossom.

Please tick below the FREE sessions you require

Monday - Friday 8.30am - 11.30am

Monday - Friday 12.30pm - 3.30pm

Monday - Tuesday 9.00am - 3.00pm & Wednesday 8.30am - 11.30am

Wednesday 12.30pm - 3.30pm & Thursday - Friday 9.00am - 3.00pm

**Payable sessions are available on request subject to availability.

Parent / Carers Details

Surname: Forenames:

Address (if different to child's).....

Home phone: Mobile:

Email:

Parent / Carers Details

Surname: Forenames:

Address (if different to child's).....

Home phone: Mobile:

Email:

Other information

Siblings

Surname:..... Forenames:.....

DOB M/F

Surname:..... Forenames:

DOB M/F

Surname:..... Forenames:

DOB M/F

Does your child currently qualify for the FREE 2 Year olds funding? Yes*/ no*

Have you taken up this funding? If so please tell us the nursery you currently use.

Nursery Name:

Address:

Are there any medical or welfare details that you need to share with us?

.....
.....

Does your child have additional needs?

.....
.....

Please sign and date this form and return as soon as possible to:

**Appletree Nursery School, Milking Stile Lane, Lancaster, LA1 5QB,
01524 64132**

Signature



Name: Signed:

(Please Print)

Relationship to child: Date

Date application received at nursery: