

**Sprowston Infant School Nursery Enquiry Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s First Name**  |  | **DOB:** |  |
| **Child’s Surname**  |  | **Age Now** |  |
| **Home address** |  |
| **Post Code**  |  |
| **Parent/Carers Name** |  |
| **Phone no** |  |
| **Email**  |  |

|  |  |
| --- | --- |
| **Start date** | Month / Year |
| **Days and times requested** **Minimum age is 2 yrs 6 months. 2 year olds attend morning sessions only.** **Afternoon sessions and full days are only available to 3 years and over.**  |
| **Hours required**  | **Mon**  | **Tues** | **Wed** | **Thurs** | **Fri** |
| **8.50- 11.50am** |  |  |  |  |  |
| **12.15 -3.15pm** |  |  |  |  |  |
| **Lunch Session 11.50- 12.15 (£2.50per session)** |  |  |  |  |  |
| **All Day Inc Lunch session (£2.50per session)** |  |  |  |  |  |

|  |
| --- |
| **How will you fund your sessions (Please tick)** |
| **2 year old funding (you will need to apply for a funding code)**  |  |
| **3 Year old universal funding** |  |
| **3 Year old additional hours funding/30 Hours (you will need to apply for a funding code)** |  |
| **Paying/ self funding (£15 per session)** |  |

|  |
| --- |
| **Please tick if any of the following boxes apply to your child**  |
| **EHCP** |  | **DLA funding**  |  |
| **Medical Needs** |  | **Additional Needs**  |  |
| **If you have ticked any of the above boxes please give further information** |
| **Comments**  |
| **Office use :** | **Date received**  |  | **Date keyed to waiting list** |  |

 Once we have a space we will contact you and give you the option of taking the space or remaining on our waiting list. Once you have confirmed a space we ask for a £30 deposit, this will be refunded to you once your child is attending the nursery. Should your child not start the nursery the deposit will not be refunded.