



APPLICATION TO JOIN GREAT AMWELL NURSERY SCHOOL

Child's name: _____ Date of Birth: _____

Address: _____

Postcode: _____ Email Address: _____

Telephone
number: _____

Names of parents / carer/s: _____

Any special needs your child has _____

Names of siblings who attend (ed) Great Amwell Nursery School and dates they attended

Names of siblings and schools they attend _____

Infant school you hope your child will be attending _____

How did you hear about our nursery school? _____

Term in which you wish your child to start (please note that they must be at least 2 $\frac{1}{2}$ years old before starting with us)

When do you expect your child to leave Great Amwell Nursery School: _____

I/We wish to apply to join the Great Amwell Nursery School. If we find we no longer need the place, we will inform the Nursery School. I have received and read the prospectus and will keep it for future reference.

Signature of parent _____

Date of application _____

Please return this form to: Louise Raja, Great Amwell Nursery School, C/O 35 The Granary, Stanstead St Margarets, Ware, Herts. SG12 8XH