

Application for Time for Twos



Child's Full Name:	
Child's Date of Birth:	
Male/Female:	
Ethnic Group:	
Address:	
Telephone Number:	
Mobile Number: (if different from above)	
Date of Application:	
Parent's/Carer's Names:	
Are you the parent or carer? If you are the carer, please state: (e.g. grandparents, foster carer)	
Does your child have an Educational Health Care Plan (EHCP) or disability?	
Are there any siblings in school? If yes, please state name and class:	
Preferred hours – mornings, afternoons or 2 and ½ days?	
Please note anything else we would need to be informed of:	
Signed: _____ (Parent/Carer)	

Thank you for your application.

Please inform us if you no longer require the place or if you have changed any details such as address or telephone number(s). We will need proof of eligibility. Children won't start until the term after their 2nd birthday. Please refer to our admissions criteria.

A place in our Time for Twos does not guarantee a place in our Nursery.

 For office use only:

Admissions:

Start Date: _____