Tudhoe Moor Nursery School

Waiting List Form

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| CONTACT DETAILS | |
| Child’s Name: | |
| Child’s Date of Birth: | |
| Address: | |
| Postcode: | |
| Name of Parent/Carer: | |
| Telephone Number: | |
| Email: | |
| PREFERENCES (Please circle or highlight) | |
| What type of place are you applying for?  2 Year Old 3 Year Old | |
| If you are applying for a **2** year old place are you applying for…  Funded Working funded Paying Unsure | |
| If you are applying for a **3** year old place are you applying for…  15 hours 30 hours Unsure | |
| Preferred start date: | |
| When would you like your child to attend?  Morning / Afternoon / All day / No preference  Other:  Please note we cannot guarantee there will be availability for your preferred sessions. A member of staff will be in touch to discuss options with you once this form has been received. | |
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| Date of Application: | Signed: |