**Cambois Primary School**



**Nursery application**

2 year old provision

3 year old provision please tick

Name of child:

Date of Birth:

Address:

Emergency tel. number:

Emergency contact number 2:

Are you entitled to the free funded 15 hours? Yes/no

Name of health visitor and telephone number –

Doctors name and number –

Do you have any involvement with children’s services? If so name of social worker:

Once you have completed this form we will let you know if your place is allocated and the full application pack will be given to get to know your child more.