



St Giles' C.E. Primary School

Walsall Street, Willenhall, West Midlands, WV13 2ER.

Tel: 01902 368308 Email: postbox@st-giles.walsall.sch.uk

Headteacher: Mr M Dakin School Website: www.st-giles.walsall.sch.uk

Nursery Admission Registration Form

(PLEASE COMPLETE FORM CLEARLY AND IN BLOCK CAPITALS)

CHILD'S DETAILS:

| | |
|--|---------------------------------------|
| Full name of child: | |
| Gender: | Male Female (please circle) |
| Date of Birth: | |
| Has your child any additional needs? (including health, hospitalisation, speech development, physical disabilities) | |

PARENTS DETAILS:

(Please note: if any of the following information changes, it is your responsibility to inform us as we will use the following contact information when offering a place in our Nursery)

| Full name of parent(s): | <u>Mother</u> | <u>Father</u> |
|---|---------------|---------------|
| Date of Birth: | | |
| Address: | | |
| Home Telephone: | | |
| Mobile Telephone: | | |
| Email: | | |
| National Insurance Number: Or National Asylum Seeker Number: | | |

If you are allocated a place in our Nursery please indicate your session preference:

Morning
(8:45 until 11:45)

Afternoon
(12:15 until 3:15)

Please note we cannot guarantee you will be given the session preference you request but will try our best to accommodate this wherever possible.

OR: I HAVE APPLIED FOR THE '30HRS FREE CHILDCARE' AND WOULD LIKE AN ALL DAY PLACE IF AVAILABLE AND I HAVE BEEN GIVEN THE FOLLOWING CODE:

