



PINECONES NURSERY SCHOOL
01297680587
OFSTED EY551114

Childs legal name

Known as

Date of Birth

Male Female rather not say

Home address

Please list any allergies

Parent/carer

1. Name of parent/carer
1. Relationship to Child
2. Address if different.....
3. Do you have parental responsibility yes no
4. Home phone number
5. Mobile number
6. Work number (if applicable).....
7. Email

Please let us know what sessions you require for your child

Term time only

All year round

Day	8am	9am	1pm	3pm	4pm	5pm
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
All day session	8am					5pm

I confirm these are the sessions I would like for.....

Term:

Date:

Office use only

Official start date.....