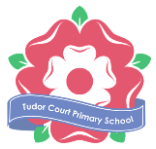


TUDOR COURT NURSERY REGISTRATION FORM



Child's Legal Full Name		DOB							
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Parent Details	Full Name				Title	
Address						
					Postcode	
Home Tel Number				Mobile No		
Relationship to Child						
Email Address						

Please detail any medical condition, dietary requirements or special educational needs						

Please indicate your session preference (1 st / 2 nd / 3 rd)						
	I am interested in applying for morning sessions (8.50 – 11.50 a.m.)					
	I am interested in applying for afternoon sessions (12.00 – 3.00 p.m.)					
	30 hour funded sessions (8.50 – 3.00pm)					
(I believe I qualify for 30 hour funded sessions) My Government DERN Number for 30 hour funding is						

Oldest sibling name currently attending Tudor Court		Class	
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Signed Parent		Print Name	
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- If your application is accepted, we will confirm our offer to you in March/April prior to admission in September of the same year.
- Please provide a copy of your child's Birth Certificate with this form

<u>For School Office Use Only</u>		Distance Indicator		
Date Form Received		Admission Year		
Sibling House Team		SIMS Input Initials		Waiting List ✓