



Thank you for your interest in your child joining Ivy Bank nursery.

Please complete this form and return it to the school office or email it to nursery@ivybank.cheshire.sch.uk

Child's name: _____

Child's date of birth: _____

Parent's name: _____

Parent's email address: _____

Parent's contact number: _____

Address: _____

Sessions

We ask that your child attends a minimum of four sessions per week. We will try to accommodate your preference, subject to availability. Please tick which sessions you would prefer your child to attend.

Please note that we will be unable to offer you a place within our setting without this information.

Session	AM	PM	Full day
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Preferred start date: _____

FOR INTERNAL USE

Initial Contact Date: _____

Show round date (if applicable): _____

Sessions offered & confirmation date: _____

Room: N1 N2

Date Reg. Form sent: _____

**Please use the other side of this form to note any additional information, for example SEN requirements etc.*