

Part of The James Montgomery Academy Trust

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NURSERY APPLICATION FORM

Name:	Date of Birth:
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Address:

Contact Telephone No:	Parent/Carer Name:
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Email Address:

I would prefer a morning nursery place if possible	<input type="checkbox"/>
I would prefer an afternoon nursery place if possible	<input type="checkbox"/>
I am eligible and would prefer a 30-hour place	<input type="checkbox"/>

Any additional Information:

Signed: _____

Print Name: _____

Relationship to child: _____