



## Nursery Waiting List

Welcome and thank you for choosing Co-op Academy Brownhill Nursery for your child.  
Please complete this form and return to the school office with your child's birth certificate or passport.

**Child's Name:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Please circle: MALE    or    FEMALE

**Parent / Guardian Name:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

Please provide below the details of any brothers and/or sisters who attend Co-op Academy Brownhill.

Name: \_\_\_\_\_      Class: \_\_\_\_\_

Name: \_\_\_\_\_      Class: \_\_\_\_\_

<b>Nursery Session Times</b>					
<i>(Please tick your preference)</i>					
	<b>DAY</b>	<b>TIME</b>	<b>1<sup>st</sup> Choice</b>	<b>2<sup>nd</sup> Choice</b>	<b>3<sup>rd</sup> Choice</b>
<b>AM</b>	Mon - Fri	9.00am -12.00pm			
<b>PM</b>	Mon - Fri	12.30pm – 3.30pm			
<b>F1</b>	Mon, Tue & Wed	9.00am – 3.30pm 9.00am – 12.00pm			
<b>F2</b>	Wed, Thu & Fri	12.30pm – 3.30pm 9.00am – 3.30pm			

**Once received, the office will contact you to confirm your child's place on the Waiting List.**

Please be advised that places for the full day options are limited and it may take longer to wait for a place in one of these sessions. We will do our best to offer your child a place in your 1st Choice session but this may not always be possible.

<b>Office Use Only: Date Received:</b> _____	<b>Initials:</b> _____
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