



CHURCHFIELD CHURCH SCHOOL
Interim Headteacher: Mrs J Venning



BATH & WELLS
Multi Academy Trust

'That they may have life, life in all its fullness' John 10:10

Burnham Road
Highbridge
Somerset
TA9 3JF

Website: www.churchfield.somerset.sch.uk
E Mail: office@churchfieldbwmat.org

Tel: 01278 782743
Fax: 01278 794458

Indication of Interest for Admission
Churchfield Nursery

Name of Child.....

Sex: Male/Female

Date of Birth.....

Address.....

.....

.....

.....

Postcode.....

Telephone Number.....

Mobile Number.....

Parent/Carer Names Parent/Carer 1.....

Parent/Carer 2.....

Brothers and Sisters.....

First Language

Any other agencies involved with your child (e.g. Speech and Language, Social Care etc.)

.....

.....

Is this a request for a Nursery Education Funded Place?

Yes/No

- If so is it for 15 hours or 30 hours?

15/30

Would you require a cooked lunch? (Cost £2.50)

Yes/No

Would you like your child to have breakfast? (Cost £1.00)

Yes/No

Please select from the times and days below the sessions you would like your child to attend.

	8am-12pm	8am-3:30pm	8am-5pm	9am-12pm	9am-3:30pm	9am-5pm	12:30pm-3:30pm	12:30pm-5pm
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

What date would you like your child’s place to start?.....

Please note that invoices will be issued in advance of your child starting with the Nursery. This invoice must be paid prior to the commencement date of your child. Please refer to our fees policy for more information.

Proof of employment will be required for a 30 hours funded place. Failure to provide proof will result in charges.

Please return this form to the school office.

For staff use only:

Date Received.....

Place confirmed by.....

Date.....