

**Goodway Nursery School Application Form**

Child’s full name: ………………………………………………………………………

Date of birth: ……………………………………………………………………..

Gender: …………………………………………………………………….

Parent/carer name: ……………………………………………………………………..

Address: ……………………………………………………………………………..

Post code: …………………………………………………………………………….

Mobile telephone: …………………………………………………………………………

Siblings attended Goodway (Y/N) Key Person…………………………………….

Special Educational Need or Disability?...........................................................

**Place required:**

 **2-3 year old provision** Eligibility Checker Reference Number ………………………….

 Morning place 8.45am – 11.45am

 or Afternoon place 12.30pm – 3.30pm

 Fee paying place (£80 for each 15 hours all mornings or afternoons)

 **3-4 year old provision**

 Free Part Time places (15 hours): Mon Tue Wed am

 or Wed pm Thurs Fri

 Fee paying place (£85 for 15 hours)

 **Free 30 hour place** Many working parents are eligible for a free 30 hour place for their child

 I give permission for Goodway Nursery to send literature for marketing purposes

 Parent/carer signature: ………………………………………

Staff signature: ………………………………………….

Date of application: …………………………………………………………………….

**The information you give will be processed electronically and stored on computer for administrative purposes in accordance with the General Data Protection Regulation (GDPR) 2018 Article 6 ‘Lawfulness of processing’ and Article 9 ‘Processing of special categories of personal’ . Please visit our website or call the school office on 0121 464 3078 for further information about how your data will be processed in accordance with our Privacy Notice.**