

Otley All Saints CE Primary School

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Headteacher **Mr Ian Thomson-Smith**

Start Date _____

Otley All Saints CE Primary School Nursery Registration Form

Child's name _____

Date of Birth _____

Address _____

Post Code _____

Parent's name _____ Contact Number _____

Email Address _____

Parent's name _____ Contact Number _____

Email Address _____

Does the parent expect to be eligible for 30 hours free childcare? Yes No

If Yes, please encourage parent to check their eligibility at www.childcarechoices.gov.uk and apply online for a code at <https://childcare-support.tax.service.gov.uk/par/app/applynow> as soon as the Nursery has written to offer them a place.

How many sessions (am and pm) would they like to take up at All Saints? _____

How many sessions will they be taking up at a different Nursery setting? _____

Sessions preferred at All Saints:

Mon	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>	Thurs	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Tue	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>	Fri	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>
Wed	AM	<input type="checkbox"/>	PM	<input type="checkbox"/>					

Nursery/Registration Form

Please return this form to the school office

