

Session Request Form – New Starters

Staff use only

Date received :

start date:

reg. form completed - yes/no

Child's name:	
Parents/carers name(s):	
Child's D.O.B:	Male/Female
Address:	
Postcode:	
Telephone number:	
Mobile number:	
Email address:	
Preferred start date:	Siblings already attending Shadwell nursery
Dietary/ allergy requirements:	Any additional needs/SEN/ SLT or additional support that will be required:

Please tick your preferences below:

Sessions	Times	Monday	Tuesday	Wednesday	Thursday	Friday
Nursery Day Care	9:00–3:30					
Full Day Care	7.45 – 6:00					
Breakfast Club	7.45-9:00					
OOSC	3.30-6:00					

*Prices are available on request as they are subject to change as per our terms and conditions

The sessions you request above are for year round care (50 weeks a year) we are closed one week for Christmas and one week for August Bank Holiday

If term time only is required please tick this box