



# Nursery Application Form

Child's full name: .....

Gender: Male \_\_\_ Female \_\_\_

Expected/ date of birth: / /

	Parent/ Guardian 1	Parent/ Guardian 2
Full Name		
Relationship to child		
Address		
Home telephone		
Work telephone		
Mobile		
Email address		

The details given above will be used for all invoicing and correspondence. Parent/Guardian 1 will be the primary point of contact.

Attendance pattern required (please tick all relevant boxes). Required start date: / /

Session	Monday	Tuesday	Wednesday	Thursday	Friday
All Day 8.00 - 18.00					
Shorter Day Option 1 9.00 - 17.00					
Shorter Day Option 2 8.00 - 13.00					
Morning 8.00 - 13.00					
Shorter Morning 9.00 - 13.00					
Afternoon 13.00 - 18.00					
Shorter Afternoon 13.00 - 17.00					

Does your child require any additional assistance or are they receiving any support from outside agencies e.g. speech therapist?

The Parent/Guardian has read and understood the terms and conditions and undertakes to be bound by these.

Signed: .....

Date: / /

Parent/ Guardian 1

Parent/ Guardian 2

