



# 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
Breakfast 7.30-8.30					
Morning 8.30-1.00					
Afternoon 1-5.30					
Core day 8.30-5.30					
Late finish 5.30-6.30					

Does your child require any additional assistance or are they receiving any support from outside agencies e.g. speech therapist?	
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The Parent/Guardian has read and understood the terms and conditions and undertakes to be bound by these.

Signed: .....

Parent/ Guardian 1

Parent/ Guardian 2

Date: / /