**Application for a Nursery Place**

**Date of application**

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| **Child’s Details:** |
| Child’s Full Name: | Child’s DOB:  |
| **Child’s Address:**  | Postcode: |
| Parent 1:**DOB:****NI:**  | Parent 2:**DOB:****NI:** |
| **Contact Telephone Numbers:**  |
| Home: Parent 1 Mobile: E-mail address:  | Home:Parent 2 Mobile: E-mail address:  |
| Address (If different):  | Address (If different):  |
| **Should your contact details change please inform us immediately** |
| **Are you a member of a service family?** YES/ NO |
| **Hours Required: Preferred start date:** |
| **Monday** | **Breakfast**  8-9am | 9am-3pm | 9am-12pm | 12-3pm | 3-4pm | **Tea club**4-5:15pm |
| **Tuesday** | **Breakfast** 8-9am | 9am-3pm | 9am-12pm | 12-3pm | 3-4pm | **Tea club**4-5:15pm |
| **Wednesday** | **Breakfast** 8-9am | 9am-3pm | 9am-12pm | 12-3pm | 3-4pm | **Tea club**4-5:15pm |
| **Thursday** | **Breakfast**  8-9am | 9am-3pm | 9am-12pm | 12-3pm | 3-4pm | **Tea club**4-5:15pm |
| **Friday** | **Breakfast** 8-9am | 9am-3pm | 9am-12pm | 12-3pm | 3-4pm |
| **Does your child have any additional health or education needs?**  |
| **Is your child under any outside professional?** For example, Speech and Language, Paediatrician, Children’s Centre etc. |
| **Name** and **Address** of any childcare setting your child is currently attending Postcode |
| **Parents’ Signature** |

**Please complete form and return in person or by e-mail to the setting of your choice.**

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For office use only

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| DATE | CONTACT MADE | SPACE OFFERED  | COMMENTS |
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| SETTLING BOOKED | PACK GIVEN | FORMS RECEIVED | START DATE AGREED |
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