

## Application Form

Your Child's Name		
Date of Birth or due date		
Name of parent(s)		
Address of Parents or primary parent/carer		
Telephone		
Requested start date		
Place required (please tick)	Full-time (8am-5.30 pm, Monday - Friday)	<input type="checkbox"/>
	Part-time (please indicate sessions below)	<input type="checkbox"/>
Please also indicate below, any extra half of full hours you require in addition to a full-time or part-time place		

Session/Day	Morning 8am- 12.45pm	Afternoon 1.15-5.30pm	Extra Half Hour 7.30-8am	Extra Half Hour 5.30-6pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

If we find that we no longer need a place for our child, we will inform the Nursery as soon as possible.	
Signature of parent/carer	