**Nursery Application Form**

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| **Childs Name** | **Date of Birth** |
| **Address** | **Tel Number** |
| **Name Parent/Carer** | |
| **Employers Name** | **Tel Number** |
| **Employers Address** | |
| **Name Parent/Carer** | |
| **Employers Name** | **Tel Number** |
| **Employers Address** | |
| **Days Required**  **Mon Tues Wed Thur Fri**  **AM/PM AM/PM AM/PM AM/PM AM/PM** | |
| **£50 deposit is required on acceptance of place and this is taken from your first months fees. If you cancel you place this deposit is non-refundable.** | |

**Please return to the above address**