APPLICATION TO JOIN BRENTWOOD DAY NURSERY

Child's Nam	e:	•••••	••••••	•••••	•••••	••••••	••••		
Date of birth Name(s) and			nt(s) (botl	address	ses of par	ents <mark>livi</mark> r	ıg separa	tely):	
Name:				Name:					
Address:				Addre	Address:				
Postcode:				Postcode:					
Tel:				Tel:	Tel:				
Mobile:				Mobile	Mobile:				
Email:				 Email	Email:				
We would like			s:	ng the n			ı	•	
	Am (8.30am-1pm)		Pm (1pm-5.30pm)		School session (8.30am-3pm)		All day (8.30am-5.30pm)		
	1st choice	2 nd choice	1st choice	2 nd choice	1st choice	2 nd choice	1st choice	2 nd choice	
Monday							<u> </u>		
Tuesday									
Wednesday Thursday							<u> </u>		
Friday		<u> </u>							
(Please tick Please tick i Free Early Y	f your ch	ild is elig	gible for a	ny of the	followin		7)		
Approved Ea				•					
Approved Ex	tended 3	0 hours	Entitleme	nt for wo	orking pa	rents			
Special Prov	ision Fu	iding for	children v	with Spe	cial Educ	ational N	eeds and	,	
If we find th possible. Name & Sign			_	ace, we	will infor	n the set	ting as so	oon as	
Mother/Carer				Fatl	Father/Carer				
Name in print:				Nan	Name in print:				
Signature:				Sign	Signature:				