

APPLICATION TO JOIN BRENTWOOD DAY NURSERY

Child's Name:

Male ____ Female ____

Date of birth:

Name(s) and addresses of parent(s) (**both** addresses of parents **living separately**):

Name:
Address:
Postcode:
Tel:
Mobile:
Email:

Name:
Address:
Postcode:
Tel:
Mobile:
Email:

We would like our child to start attending the nursery from.....(date) on the following days/sessions:

	Am (8.30am-1pm)		Pm (1pm-5.30pm)		School session (8.30am-3pm)		All day (8.30am-5.30pm)	
	1 st choice	2 nd choice	1 st choice	2 nd choice	1 st choice	2 nd choice	1 st choice	2 nd choice
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

(Please tick required session/s and alternatives)

Please tick if your child is eligible for any of the following:

Free Early Years Entitlement for 3-4 years (term after 3 rd birthday)	
Approved Early Years Entitlement for 2 years (term after 2 nd birthday)	
Approved Extended 30 hours Entitlement for working parents	
Special Provision Funding for children with Special Educational Needs and disabilities	

If we find that we no longer need the place, we will inform the setting as soon as possible. It is important that children are included in the viewing process, so we ask that you bring your child in to the nursery when viewing so that s/he has the opportunity to explore the setting

Name & Signature of parent(s)

Mother/Carer

Father/Carer

Name in print:
Signature:

Name in print:
Signature: