



APPLICATION TO JOIN BRENTWOOD DAY NURSERY

OFFICE USE ONLY	
Received	_____
Viewed	_____

Child's Name:
 Male ____ Female ____
 Date of birth: Ethnicity:
 Name(s) and addresses of parent(s) (**both** addresses of parents **living separately**):

Name:
Relationship to child:
Address:
Postcode:
Tel:
Mobile:
Email:

Name:
Relationship to child:
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 3rd birthday)	
Free Early Years Entitlement for 2-3 years (term after 2nd birthday – from APRIL 24)	
Approved Extended 30 hours Entitlement for working parents	
Special Provision Funding for children with Special Educational Needs and disabilities	

If you find that you no longer need the place, please inform us as soon as possible.
 It is important that children are included in the viewing process. We ask that **you bring your child in to the nursery** when viewing so that s/he has the opportunity to explore the setting. It also enables us to discuss your child's needs and to ensure that we can fully meet their requirements. It is also a good opportunity for your child to meet the team and their new surroundings before settling in.

We will be in touch when we are able to confirm the sessions for your child.

Name & Signature of parent(s)

Mother/Carer

Name in print:
Signature:

Father/carers

Name in print:
Signature: