

The Heathers Nursery

Name of Child Date of birth

Name(s) and address(es) of parent(s) making the application:

Address:

Postcode:

Contact Numbers:

Email address:

I/we would like to start attending at this setting as soon as possible or from (date) (delete as applicable)

We would like our child to attend on the following days/sessions:

Monday am/pm; Tuesday am/pm; Wednesday am/pm; Thursday am/pm; Friday am/pm (circle as applicable)

Where possible we will allocate preferred sessions.

If we find that we no longer need the place, we will inform the setting as soon as possible.

Signature of parent(s)

Date of Registration

02/09/2018