

Welsh Lane Day Nursery Admission Form

Childs Full Name:	Date of Birth:
Address:	
Post code	

Contact Details- Please give details of both Parents/Guardians, where appropriate

	Contact	Contact
Name		
Relationship to child and legal contact for this child (yes or no)		
Do you have parental responsibility for the above child		
Birth certificate seen	(Tick box once seen)	
Home phone		
Mobile phone		
e-mail address		

Sessions required- minimum of two days for non-funded children	Full day - 8am-6pm
Please tick	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Required start date	DD/MM/YYYY
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Do you wish to have an additional settling in session taking place in your home?

Yes/No

We ask you to sign that you have read, understood and agree to our Terms and Conditions and completion of this form does not guarantee your place.

To secure your place we require payment of your private paid for hours

Please make payments to WLDN Ltd: *a/c 60534725, sort code: 82-19-74*

Signature

Date

Office Use

Managers Signature