**To express your interest please complete this form and return to the nursery in person or via email. info@motherhennursery.co.uk**

|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Details** | | | |
| **Forename** |  | **Surname** |  |
| **Address** |  | | |
| **Gender** |  | **Date of Birth** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s home language** |  | | | | |
| **Does your child have particular care requirements (e.g. allergies, disabilities, special physical conditions)?** | | | | | **YES/NO** |
| **If yes, please describe in detail** | |  | | | |
| **Sibling at Nursery** | | **Yes / No** | **If yes, the name of the sibling(s)** |  | |

|  |  |  |
| --- | --- | --- |
| **Parent/Guardian Details** | | |
|  | **Parent/Guardian 1** | **Parent/Guardian 2** |
| Name |  |  |
| Date of Birth |  |  |
| Relationship to Child |  |  |
| Home Address |  |  |
| Home Telephone/Personal Mobile |  |  |
| Personal Email |  |  |
| Employer |  |  |
| Job Title |  |  |
| NI Number or NASS Number |  |  |
| Work Address |  |  |
| Work Telephone/Mobile |  |  |

|  |  |
| --- | --- |
| **Booking Details** | |
| **How did you hear about the Nursery?** |  |
| **Potential start date** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Requested sessions** | | | | | |
| **Preferred Sessions** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Full Day 8-6** |  |  |  |  |  |
| **Morning 8-1** |  |  |  |  |  |
| **Afternoon 1-6** |  |  |  |  |  |
| **Short Day 9-4** |  |  |  |  |  |
| **Funded session** |  |  |  |  |  |
| **FUNDED INFORMATION – CODE –** | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent name** | **Parent signature** | **Date signed** | **Parent name** | **Parent signature** | **Date signed** |
|  |  |  |  |  |  |