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

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| --- |
| **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)** |  |

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| **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 |  |  |

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

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| --- |
| **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** |
|  |  |  |  |  |  |