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**Booking Form – Bar Hill Day Nursery**

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| --- | --- | --- | --- | --- | --- | --- |
| **Child’s Name** |  | | | | | |
| **Child’s Dob** |  | | | | | |
| **Address** |  | | | | | |
| **Parent’s Name** | Parent 1 | | | | Parent 2 | |
|  | | | |  | |
| **Parent’s Contact Number** |  | | | |  | |
| **Email – please write this very clearly** |  | | |  | | |
| **Parents National insurance Number** |  | | |  | | |
| **Nationality/ Home language** |  | | | | | |
| **Will your child’s sessions be funded from their start date? Please state which.** | Funded 9 months- 15 hours | Funded 2’s | Funded 3’s 15 hours | | | Funded 30 Hours, please provide eligibility code below |
|  |  |  | | |  |

|  |  |  |
| --- | --- | --- |
| **Start Date** | Do you require an ‘actual’ invoice or an ‘ annualised’ one? | Do you require your sessions to be term time only or all year round? |
|  |  |  |

Please select required sessions below (see nursery fees sheet for costs)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **07:30 – 08:00**  **Early session** | **08:00 – 13:00**  **Morning session** | **13:00 – 18:00**  **Afternoon session** | **9.00-15.00**  **School day** | **08:00 – 18:00**  **Whole day** |
| **Monday** |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |
| **Friday** |  |  |  |  |  |

Please return by email to [info@buttercupschildcareltd.co.uk](mailto:info@buttercupschildcareltd.co.uk)