



Straylands Day Nursery Enrolment Form part 1

Full Name & address of child:.....

Telephone Number:.....

Childs Date of Birth:.....

Name of Legal guardian/s and relationship to child:.....

E-mail address:.....

Name & Address of any other parent/carer/s who will be known to nursery if different from above:

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.....  
.....

Telephone Number/s:.....

.....  
.....

**Please circle the appropriate days that you wish your child to attend:**

Monday Morning 8am-1pm Afternoon 1pm- 6pm

Tuesday Morning 8am-1pm Afternoon 1pm- 6pm

Wednesday Morning 8am-1pm Afternoon 1pm- 6pm

Thursday Morning 8am-1pm Afternoon 1pm- 6pm

Friday Morning 8am-1pm Afternoon 1pm- 6pm

If you are looking for flexible sessions please note the hours required below:

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.....

1st Guardian:.....

Telephone:.....

Address:

.....  
.....

2nd Guardian:.....

Telephone:.....

Address:

.....  
.....

I wish to apply for admission of the above named child to Straylands Day Nursery. I have received and read the regulations of the nursery and agree to comply with them.

Signed (Legal Guardian).....Date:.....

Date I wish my child to start at the

nursery: .....

Deposit Paid £.....

Managers Signature.....