



## Application form

01925 354170 // hello@nglchildcare.com

Nurture, Grow & Learn  
Nursery & Pre-School

Child's forename(s) \_\_\_\_\_ Child's surname \_\_\_\_\_

Child age or due date \_\_\_\_\_ Male/female \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Post code \_\_\_\_\_ Home telephone number \_\_\_\_\_

### Parent/carer 1

Full name \_\_\_\_\_

Address (if different to child's) \_\_\_\_\_  
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Mobile number \_\_\_\_\_ Workplace number \_\_\_\_\_

Email address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Please tick if parent/carer one has parental responsibility

Please tick if parent/carer one has legal contact with the child

Please tick if parent/carer one is the first emergency contact

**Parent/carer 2**

Full name \_\_\_\_\_

Address (if different to child's) \_\_\_\_\_

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Mobile number \_\_\_\_\_ Workplace number \_\_\_\_\_

Email address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Please tick if parent/carer two has parental responsibility

Please tick if parent/carer two has legal contact with the child

Please tick if parent/carer two is the first emergency contact

**Please indicate the sessions required:**

Monday	Tuesday	Wednesday	Thursday	Friday
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

Required start date \_\_\_/\_\_\_/\_\_\_

**\*If there is not currently a place available for your child, would you like us to add your child to our waiting list: Yes/No**

**To support your child's transition into nursery we offer an initial home visit, whereby your child's key person and a member of the management team can visit you at home to get to know your child.**

**Do you require a home visit (please circle) yes/no.**

*Please note your child's original birth certificate must be seen by a member of the management team prior to commencement of the nursery place.*

**Parent/carer signature:**

\_\_\_\_\_ Date \_\_\_\_\_