

# Toad Hall Day Nursery Application Form

Name of Child: \_\_\_\_\_ Address: \_\_\_\_\_  
 Known as: \_\_\_\_\_  
 Ethnic Origin: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Start Date: \_\_\_\_\_

Sessions Required - please tick the appropriate box

Days	Full Week Mon-Fri 7am-7pm	Full Day 8am-6pm	Nursery Day 9.30am-4.30pm	Morning 8am-12 noon	Afternoon 1.30pm-5.30pm	Additional Hours (outside session times)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

## Contact Details

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_  
 Mobile : \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Work Tel: \_\_\_\_\_ Work Tel: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

I agree to abide by Toad Hall Day Nursery Ltd Terms and Conditions, which I have read and fully understand. I have enclosed the registration fee of £40.00 and deposit of £150.00.

Signed \_\_\_\_\_ Date \_\_\_\_\_