**Application Form**

**Contact Details**

|  |  |
| --- | --- |
| Name |  |
| Relationship to child |  |
| Address |  |
| Email |  |
| Contact number  |  |
| Mobile Number |  |

**Details of the Child**

|  |  |
| --- | --- |
| Name of Child (If known) |  |
| Preferred Name |  |
| Date of Birth/ Due Date |  |
| Gender | Male | Female | Unknown |

|  |  |
| --- | --- |
| Preferred Start Date |  |

**Please indicate the number of sessions you wish your child to attend**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Full Day |  |  |  |  |  |
| AM  |  |  |  |  |  |
| PM |  |  |  |  |  |

**\*Please Note there is a minimum number of 4 sessions e.g. 2 X Full Days or 4 x (Morning or Afternoon)**

If a space is available for your child, you will be issued an offer letter with a proposed start date at this point Little Clouds Nursery would require a £150 deposit to secure your child’s space. If a space is not available, we will store your details on a waiting list and contact you regularly to update you on your progress.

\*\*All details will be held in confidence. If you are no longer interested in a space the information stored will be destroyed in accordance with the Data Protection Act.\*\*