

CHILTERN NURSERY & TRAINING COLLEGE
APPLICATION FORM FOR NURSERY PLACE

Please complete in **BLOCK CAPITALS**:

SURNAME OF CHILD:	
FORENAMES:	
D.O.B.: (or expected date)	MALE / FEMALE
SIBLING OF CHILD ALREADY IN NURSERY ? YES / NO DEPT.	
NAMES OF PARENTS:	
MOTHER:	FATHER:
ADDRESS:	ADDRESS:
CONTACT TEL. NO:	CONTACT TEL. NO:
E MAIL ADDRESS:	E MAIL ADDRESS:
SESSIONS REQUIRED: (minimum of 4 sessions)	
MORNING (8.00am-1.00pm) MON / TUES / WED / THURS / FRI Tick sessions required	
AFTERNOON (1.00pm – 6.00pm) MON / TUES / WED / THURS / FRI Tick sessions required	
ALL DAY (8.00am – 6.00pm) MON / TUES / WED / THURS / FRI Tick sessions required	
Flexibility in session requirements will offer a greater chance of a place.	
PREFERRED START DATE:	
Please note that a place on the waiting list does not guarantee a place in the nursery. You will be contacted when a place becomes available.	
DATA PROTECTION: The information given on the sheet will be used solely for waiting list purposes. Once your child enters the Nursery or is removed from the Waiting List this sheet will be destroyed.	
Signed:	Please PRINT name:
Date Form Completed:	