

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.	
Protection of Personal Data Personal data included on this form will be handled, stored and disposed of in accordance with the General Data Protection Regulations 2018, CNTC’s Confidentiality and Data Protection Policy, Privacy Statement and Retention of Information Policy, which can be found on our website: www.chilternntc.com	
Signed:	Please PRINT name:
Date Form Completed:	