

Application Form – Salcott Crescent

Child's Details

Forenames: _____ Surname: _____

Date of Birth: _____ Gender: _____

Has a brother or sister attended this Nursery before? (if yes please give name) _____

Pattern of Attendance

When would you like your child to start attending nursery? From: _____
Date of first day.

Patterns of attendance	Abv.	Time
Nursery Day	ND	9.30am-3.30pm
Full Day	FD	8.00am-6.00pm
Extended Day	ED	7.00am-6.00pm
Weekly	W	8.00am-6.00pm
Extended Weekly	EW	7.00am-6.00pm

Example

Mon	Tue	Wed	Thu	Fri
ED		ND	FD	

Please indicate the pattern of attendance you require for your child as per the key shown above

Mon	Tue	Wed	Thu	Fri

Parents Details

Home Address _____

Post Code _____ Home Tel No. _____

Parent 1
Full Name _____

Day Time
Tel. No. _____

Email Address _____

Place of Work
or Employer _____

Parent 2
Full Name _____

Day Time
Tel. No. _____

Email Address _____

Place of Work
or Employer _____

Registration

I/we have read and accept the terms of attendance and wish to enrol my/our child on the waiting list for the pattern of attendance indicated. I/we have sent a non-refundable application fee of £10 by electronic bank transfer to Seymour House Limited (Account Number: **30683248**, Sort Code: **20-19-95** with your child's surname as the reference) on the understanding that this does not secure a place. *If you do not accept a place when it is offered, we can put your application form on hold. If we do not hear from you again within 12 months we will presume the place is no longer required and your application form will be destroyed.*

Signature _____ Parent 1 Date _____

Signature _____ Parent 2 Date _____

For office use only:

Child I.D NO _____ Registration fee received _____

Receipt of application letter sent _____ Managers Signature _____

Please return form to manager.sc@seymourhouse.co.uk or by post to Salcott Crescent Day Nursery School, Salcott Crescent, Wickford, Essex, SS12 9NR