

10.3 Application to Join



Memorial Avenue, Shiplake, Oxon, RG9 4DW

Tel: 0118 940 4738

registrar@shiplakevillagenursery.co.uk

Charity no. 1004084

First name(s) of child: _____

Surname of child: _____ Date of birth: _____

Full address: _____

Postcode: _____

Parent/carer name (1): _____

Relationship to child: _____

Full address (if different): _____

Postcode: _____

Daytime/work tel: _____ Home: _____ Mobile: _____

Email Address _____

Parent/carer name (2):

Relationship to child:

Full address (if different)

Postcode:

Daytime/work tel:

Home:

Mobile:

Email address:

Session request

Preferred start date:

Please tick the sessions you would like your child to attend:

Morning

Monday Tuesday Wednesday* Thursday Friday

Afternoon

Monday Tuesday Wednesday* Thursday Friday**

*Wednesday am and pm sessions are only available to children who will be attending school the next academic year. On Wednesday mornings we take the children to Shiplake Primary School.

**On Friday afternoons the Nursery does not offer a full afternoon session, however we offer lunch club until 1pm for those children attending the morning session. This has an additional charge. The Nursery closes at 1pm on Friday.

If your child is starting nursery for the first time, we suggest you start with two sessions and build up from there. If you have any queries please do not hesitate to contact our Registrar on registrar@shiplakevillagenursery.co.uk

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. Please note that completion of this form does not guarantee a place for your child.

Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records. Your child's birth certificate is required at this point with a copy made for our file.

If you find that you no longer need the place, please inform us as soon as possible.

I enclose my (non-refundable) registration fee of £25 and understand this fee is to cover administration costs. Please make cheques payable to Shiplake Village Nursery. I confirm I have received and read the Shiplake Village Nursery Early Years Prospectus.

Signed parent/carer (1): _____ Date: _____

Signed parent/carer (2): _____ Date: _____

Please return form to:

Registrar, Shiplake Village Nursery,

Memorial Avenue, Shiplake, Oxford, RG9 4DW

For office use only:

Deposit paid: _____ Date paid: _____