

Little Bishop Street
St Pauls
Bristol
BS2 9JF
Tel (0117) 903 0337 Fax (0117) 3772361

## A NON-REFUNDABLE ADMINISTRATION CHARGE OF £20 IS PAYABLE WITH THIS APPLICATION. THIS CHARGE DOES NOT GUARANTEE A PLACE

## Fee Paying Day Care Application Form Todays Date

| Name of 0   | Child:   |                | Address    |   | Post Code                                |  |
|---|--|----------------|------------|---|--|--|
| DOB:  |  |                |            |   | Tel No:                                  |  |
| Please circ<br>Boy  | cle<br>Girl  |                |            |   | Mob No:                                  |  |
| Parents N   | ame:   |                | Parents [  | OOB:                                      |  |  |
|   |  |                | Email add  | dress:                                    |  |  |
| Please sta<br>Parent 1  | te Ethnicity a                                     | ınd Religion o | of:        |   |  |  |
| Parent 2  |  |                |            |   |  |  |
| Child   |  |                |            |   |  |  |
| Disabilitie   | S.   |                |            |   |  |  |
| •   |  |                |            | o have a disability? F                    | Please circle                            |  |
| Parent 1  | Yes  | No             | Prefer not | to say                                    |  |  |
| Parent 2  | Yes  | No             | Prefer not | to say                                    |  |  |
| Child   | Yes  | No             | Prefer not | to say                                    |  |  |
| Are you working/attending college? How soon do you Please delete as appropriate |  |                |            |   | need Day Care to start                   |  |
| What hou  | What hours do you work/attend college? Start Date: |                |            |   |  |  |
| If attendir<br>the colleg   | ng college, wi<br>e/parent                         | II the fees be | paid by    | If college fees are will require a letter | paid by the college, we of authorisation |  |
| Are you in receipt of Working/Family Tax Credit? YES NO                         |  |                |            |   |  |  |

Please indicate which sessions you would like day care:

| Session   | 8.30am-<br>4.00pm | 8.30am-<br>5.30pm |
|-----------|-------------------|-------------------|
| Monday    |                   |                   |
| Tuesday   |                   |                   |
| Wednesday |                   |                   |
| Thursday  |                   |                   |
| Friday    |                   |                   |

- Signature of Parent/Carer
- Name in BLOCK CAPITALS

| FOR ( | <u>OFFICE</u> | USE | ONLY | # <b>F</b> | Please | check | c pare | <u>nt</u> | has | ado | led | toc | lay | s d | late | 3 |
|-------|---------------|-----|------|------------|--------|-------|--------|-----------|-----|-----|-----|-----|-----|-----|------|---|
|       |               |     |      |            |        |       |        |           |     |     |     |     |     |     |      |   |

ADMINISTRATION CHARGE PAID
DATE

| Please tick if you are happy to receive |  |
|---|--|
| information about the centre our        |  |
| Nursery School in the future            |  |

| Date | Contact<br>Name | Details of conversation | Staff Name |
|------|-----------------|-------------------------|------------|
|      |                 |                         |            |
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