



APPLICATION for a PLACE

[Please note that this form does not guarantee a place and that you may be offered an alternative and/or placed on our Waitlist.]

Parent/Carer's Name

Address:

Postcode:

E Mail :

PLEASE WRITE THIS CLEARLY, noting upper/lower case letters, underscores, hyphens, dots etc. We will use this to contact you. Please check Spam and Junk regularly.

Tel. Home

Mob

Child's Name

Date of Birth

Date you would like a place from _____

Full Time – Whole Days

Please circle which days are required

Monday Tuesday Wednesday Thursday Friday

Part Time – Sessions are only available for 2-5 yr olds

Please circle which sessions would be required if available:

Monday	Tuesday	Wednesday	Thursday	Friday
8am – 1pm	8am – 1pm	8am – 1pm	8am – 1pm	8am – 1pm
1pm – 6pm	1pm – 6pm	1pm – 6pm	1pm – 6pm	1pm – 6pm

FUNDED NURSERY EDUCATION FOR 2,3 and 4 YEAR OLDS

Please circle preference

Mornings 8.45-11.45am Afternoons 1-4pm 15hrs over 2 or more days

Any special requirements or things you may like us to know:

How did you find out about us?

Signed

Date

Please post to: *Sunny Skies Nursery, Connor Road, West Bromwich, B71 3DJ*

Office Use: Received _____ Acknowledged _____ Offer/Waitlist

ACTION

	Date	Initials	
Pack Sent			
Application Received			
Acknowledgment Sent			
Entered on Waitlist			
Place Offered			Deadline
			Deposit
Place Accepted			£