



1 Farncombe Road, Worthing, West Sussex BN11 2BE
Telephone: 01903 233655



APPLICATION FORM

Child's Surname _____ Child's Forenames _____ Address _____ _____ _____ Post Code _____ Home Telephone No. _____ Mobile Telephone No. _____	Date of Birth _____ <i>(or estimated date of birth)</i> Age _____ Male/Female _____ <i>(delete as applicable)</i> Religion _____ <i>(where applicable)</i>
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Parent/Carer's Name _____ Daytime Contact Address _____ _____ Telephone No. _____ Email Address _____	Parent/Carer's Name _____ Daytime Contact Address _____ _____ Telephone No. _____ Email Address _____
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Alternative Contacts:

Name of Contact _____ Address of Contact _____ _____ Telephone No. _____ Relationship to child _____	Name of Contact _____ Address of Contact _____ _____ Telephone No. _____ Relationship to child _____
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SESSIONS AND DAYS REQUIRED

Required Start Date _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					

I agree to abide by the terms and conditions shown on our 'Day Nursery Fees'

Parents Signature _____ Date _____

Please PRINT Full Name _____

Where did you hear about us: Personal Recommendation / Advertisement / Other
(Please specify)