

Carousel Day Nursery

and Pre-School

Application Form



Full Name of Child:

Date of Birth:

Name(s) and address(es) of parent(s) making the application

Name(s):

Address(es):

Tels:

Mobiles:

Emails:

I/we would like my child to start attending Carousel Day Nursery from (date):

I/we would like my/our child to attend on the following days / sessions (please tick).

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Signature (parent/carer):

Date:

Signature (parent/carer):

Date:

This Application Form should be completed and returned via email to info@carouselnursery.net. A non-refundable registration fee of £15.00 will be required to join our waiting list. You can pay this via our website using the link on the 'Contact Us' page, or you can pay by bank transfer.

Bank details: Carousel Day Nursery, Sort Code 20-25-19, Account Number 83527727.

You can alternatively print the form and return by post to **Jacqui Taylor & Beverley Joyner, Nursery Directors, Carousel Day Nursery & Pre-School Ltd, 32 Thynne Road, Billericay, Essex CM11 2HH**, enclosing a cheque for the registration fee. Many thanks.

For our future reference, would you please indicate how you heard about Carousel Day Nursery in the space below:

*Should you wish to receive this form in braille or require a translator, please contact us on **01277 632362***