Cotton Tails Nurseries Ltd

Incorporates Cotton Tails, Cotton Tails Too, Happy Days Nursery, Cotton Tails Hagley

"APPLICATION FOR CARE"

Please Print

Full Name of Child:		Boy/Girl(delete as app	licable)
Date of Birth	Religion	Ethnic Origin	
Child's NHS number			
Childs Main Address:			
Home Telephone		_	
		cestershire)	
Parents/Guardians Name			
1. Relationship to chi	ld i.e.: Mother / Fat	her:	
Full Name:		Date of Birth	
Email	Mobile	Home Telephone	
Employer Details		Work Number	
National Insurance Numb	oer		
2. Relationship to chi	ld i.e.: Mother / Fat	her:	
Full Name:		Date of Birth	
Email	Mobile	Home Telephone	
Employer Details		Work Number	
National Insurance Numb	oer		
If either contact has a d	ifferent address to	above please state clearly:	
Contact 1 /Contact 2(delete	e as applicable)		
			5

Attendance Required (Please Tick)

Proposed date of entry: (DD/MM/YYYY)

	Full Day	AM Session	PM Session	
	(7.30-6.00)	(7.30-1.00)	(1.30-6.00)	
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

By signing this Application of care you agree to the Term and Conditions as stated. Cotton Tails Nurseries have the right to make changes to our terms and conditions.

By signing this application form you agree that any of the parent's personal details provided can be used or passed on to relevant agencies e.g. Early Years Funding team.

Print	Name;	S	igned		
Print	rint Name; Signed				
			T BE NAMED ON THIS FORM. (SIBILITIES UNLESS THIS RIG JRT ORDER.		
Booki	ng fee Paid £	Date	Staff Signatu	re	
ſ		<u>Safeguarding</u>	<u>children</u>		
	Policy. Signature If you have any que to arrange a suitab	estions or you require any further in le time to meet.	nformation please tick and we will co		
	ce use only: f child's Birth Certificate s	seen and copied for individual	file []		