

**Reservation request form**

**Child’s details**

Child’s name Sex of child: Boy Girl

D.O.B or due date

Address

Post code:

**Parent/carers details**

Miss/Ms/Mrs/Mr/Dr

Miss/Ms/Mrs/Mr/Dr

Preferred telephone number:

Preferred email address:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please tick sessions required | Monday | Tuesday | Wednesday | Thursday | Friday |
| 7:30am-6pm |  |  |  |  |  |
| 7:30am-12:30pm |  |  |  |  |  |
| 12:30pm- 6pm |  |  |  |  |  |
| **Term time only**, for 2, 3 & 4 year old funding only yes no | | | | | |
| Nursery place minus school summer holidaysyes no | | | | | |

**Place required**

Preferred start date:

Office use only :£\_\_\_\_\_\_\_\_deposit received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cash cheque

Space available  agreed start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmation letter emailed  date sent\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paperwork session booked for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paperwork complete 

Fees complete 

Added to tapestry 

Parents emailed copy of policies and procedures 