

## Application to join Felixstowe Nursery School

Name of child.....

Date of birth.....

Names and address(es) of parent(s) making the application:

Postcode	Postcode
Telephone	Telephone

I/We would like ..... to start attending at this setting

\*as soon as possible: or from..... (date)

We would like our child to attend on the following days

\*Monday, Tuesday, Wednesday, Thursday, Friday

If we find that we no longer require the place, we will inform the setting as soon as possible.

Signature of parent(s)

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*Tear off the following part and return to parent(s)*

.....

A place will be available for ..... (child's name)

\*on ..... (date) \* or we will notify you when a place becomes free.

Signed on behalf of the provider

Signature.....

Name..... Job title .....

\* Please delete whichever is not applicable