



APPLICATION FORM

Child's Full Name:	
Parent/Carer #1 Full Name:	Occupation:
Parent/Carer #2 Full Name:	Occupation:
Home Address:	
Contact Email Address:	
Child's Date of Birth:	Requested Starting Date
Contact Telephone Number:	Setting: Macclesfield Bollington (please tick)

1st choice sessions required (please tick)

2nd choice sessions

Full Day Monday Tuesday Wednesday Thursday Friday	Please allocate my sessions based on the following attendances: Number of Full Days Excluding days.....
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If my 1st and 2nd choices are not available, please put me on the waiting list

If the requested sessions are available we will contact you and a £100 reservation fee will be payable to secure these sessions. Deposits are only refundable after the first months attendance. A full information pack and detailed registration form will be sent out on successful application.

Please note: Your first invoice will reflect the sessions you have reserved if you subsequently reduce the number of sessions prior to starting. Reference: Parents Information Handbook.

I wish to apply for a place for my child/children attending sessions as indicated above.

Signature..... Parent / Guardian Date

By signing this Application Form, you agree to our General Terms and Conditions for Childcare Services, available at <https://www.footprintsnurseries.co.uk/legal>

NOTE: If you opened this form within a web browser you must save the application form and e-mail back to family@footprintsnurseries.co.uk as an attachment. If you opened it in genuine PDF reader such as Adobe Acrobat or Foxit Reader you can click 'Email Form' button below to submit now.

