



**How did you hear about Little Sandhurst Nursery Group?**

Please tick appropriate boxes:

From a friend.		Family Information Service.	
Internet search.		Sibling attendance.	
Local advertising; please state where.		Other – please state.	

**Why did you choose to join Little Sandhurst Nursery Group?**

I confirm that to the best of my knowledge the information I have given is correct.

If I find I no longer need a place at Little Sandhurst Nursery Group I will contact the nursery as soon as possible.

I understand that Little Sandhurst Nursery Group will contact me approximately 6 weeks before the expected start date for my child to arrange an induction visit.

Signed, (parent/guardian):

Date:

**For Nursery Use:**

Date form received:	
Received by:	
Contact confirmed:	
Induction date offered:	
Anticipated start date:	
Key group allocated:	
Home visit arranged:	