

Little Sandhurst Nursery Group St Michael's Pastoral Centre Lower Church Road, Sandhurst, Berkshire. GU47 8HN 07730340734 enquiries@LSNG.co.uk www.LSNG.co.uk 'We play, we learn'

Application to Join

Please use block capitals to fill in this form, thank you.

About your child:																												
Name:									Date of Birth: DD/MM/YYYY																			
Home	e ac	ldre	ess	:										-														
About you, the parent:																												
Name:										Address if different from above:																		
Email address: Please enter an address which you check regularly as the nursery uses email as the primary method of communication.																												
Please	ente	r an	add	lress	s wh	ich	you	ched	ck re	gula	arly	as tl	ne r	urse	ry u	ses	ema	ail a	s the	e pri	mar	y m	etho	d of	con	nmur	nica	tion.
Telep	Telephone number:																											
•The nursery is sessional, meaning we have two three hour sessions per day, Monday – Wednesday, and one three hour session per day on Thursday and Friday. •We can take children as early as two years old. Free funding is available for some of these children If the family meet certain criteria. All children receive free funding from the term after they reach their third birthday. •We operate term time only and there are three terms in the academic year. •Please indicate how many sessions you would like your child to have as they start: 1 2 3 4 5 We accept children from 2 years old. Please indicate when you would like your child to																												
start													1SE	e inc									con					

How did you hear about Little Sandhurst Nursery Group?												
Please tick appropriate box	œs:		Carally Information Coming									
From a friend.			Family Information Service.									
Internet search.			Sibling attendance.									
Local advertising; please s	tate whe	re.	Other – please state.									
Why did you choose to join	Little Sa	ndhurst I	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 Sandburst Nursery Group I will contact the												
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.												
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Signed, (parent/guardian):			Date:									
Signed, (parentiguardian).			Date.									
For Nursery Use:												
Date form received:												
Received by:												
Contact confirmed:												
Induction date offered:												
Anticipated start date:												
Key group allocated:												
Home visit arranged:												