

Happy Days Nursery - Initial Application Form

Name of child _____ Date of birth _____

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

Postcode _____ Tel. _____	Postcode _____ Tel. _____

I/We would like _____ to start attending Happy Days

*as soon as possible; or from _____ (date)

Please tick the sessions you would like your child to attend

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning 8.15-12.30					
Lunch: 12.30-1.30					
Afternoon 1.30-5.45					

If we find that we no longer need the place, we will inform the nursery as soon as possible.

Signature of parent(s)carer(s)

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