



## Application Form

**Child's Name:** ..... **DOB:** .....

**Address:** .....  
.....  
.....  
.....

**Postcode:** .....

**Tel No:** .....

**Email address:** .....

Are you happy for a receipt of application to be emailed to you? Yes/No

**Names of Parents/Guardians:** .....

**Term wishing to Start:** .....

(We take children the term they are 2.5 years and have an intake in September and January)

**Does your child have any special educational needs that we should be aware of?**

.....

**Preferred sessions:**

Monday 9-12pm, Tuesday am 9-12, Tuesday pm 12.15-2.45pm Wednesday 9-12 (Forest school)

Thursday 9-12pm or 9-2.45pm, Friday 9-2.45pm (Forest school)

**Minimum of 2 sessions**

**Signed:** .....

**Date:** .....

**Please return this application form to: Kim Peters - Nursery Manager**

**Brockham Green Nursery, Community Church Hall, Brockham RH3 7LG (Term Time ONLY) or email –  
info@brockhamnursery.com**