



# Straylands Nursery Enrolment Form part 1

**Full Name & address of child:**.....  
.....

**Telephone Number:**.....

**Childs Date of Birth:**.....

**Name of Legal guardian/s and relationship to child:**  
.....  
.....

**E-mail address:**.....

**Name & Address of any other parent/carer/s who will be known to nursery if different from above:**  
.....  
.....  
.....

**Telephone Number/s:**.....  
.....

**Please tick the appropriate days that you wish your child to attend:**

	<u>Morning</u> 8am-1pm	<u>Afternoon</u> 1pm- 6pm
<b>Monday</b>	.....	.....
<b>Tuesday</b>	.....	.....
<b>Wednesday</b>	.....	.....
<b>Thursday</b>	.....	.....
<b>Friday</b>	.....	.....