

Straylands



Straylands Nursery Enrolment Form part 2

If you are looking for flexible sessions please note the hours required below:

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1st Guardian:.....Telephone:.....
Address:

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2nd Guardian:.....Telephone:.....
Address:

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I wish to apply for admission of the above named child to Straylands day nursery. I have received and read the regulations of the nursery and agree to comply with them.

Signed (Legal Guardian).....Date:.....

Date I wish my child to start at the nursery:

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Deposit Paid £.....

Managers Signature.....