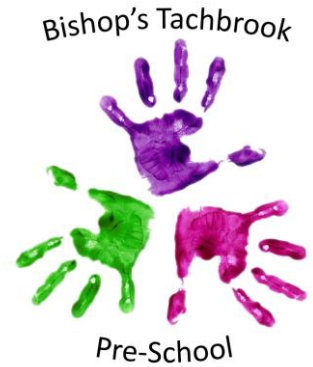


# Application Form

Bishop's Tachbrook Pre-school Nursery,  
Kingsley road,  
Bishop's Tachbrook  
Leamington Spa  
CV33 9RY.  
01926 313508.  
[btpreschoolnursery@welearn365.com](mailto:btpreschoolnursery@welearn365.com)



Charity number ; 1164344

Ofsted reg ; EY499001

## Personal details

First name(s) of child: \_\_\_\_\_

Surname of child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Full address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Parent/carer name (1): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full address (if different): \_\_\_\_\_

Postcode : \_\_\_\_\_ Email: \_\_\_\_\_

Daytime/work tel: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent/carer name (2): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Full address (if different): \_\_\_\_\_

Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime/work tel: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Does your child attend another provision?: \_\_\_\_\_

**Session request:**

Preferred start date: \_\_\_\_\_

*Please tick the sessions you would like your child to attend: (At least two full days)*

Morning session

(8.30am – 11.30am)       Monday     Tuesday     Wednesday     Thursday     Friday

Lunch wrap - around

(11.30am – 12.30pm)       Monday     Tuesday     Wednesday     Thursday     Friday

Afternoon session

(12.30pm – 2.30pm)       Monday     Tuesday     Wednesday     Thursday     Friday

Afternoon wrap - around

(2.30pm- 3.30pm)       Monday     Tuesday     Wednesday     Thursday     Friday

This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available. **Please note that completion of this form does not guarantee a place for your child,**

Once your child is offered a place and you accept it, on admission further personal information and family details are required for our records.

Your child's birth certificate is required at this point, with a copy of your child's date of birth made for our file and your child's red health book.

If you find that you no longer need the place, please inform us as soon as possible.

**Should you decide you no longer need the place we will not retain the details on this application form. (See our Privacy Notice.)**

**Signed parent/carer (1):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signed parent/carer (2):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please be advised that this application form and offer of a place is subject to our terms and conditions provided to you. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.**

**For office use only: Date application received:** \_\_\_\_\_

Deposit paid: \_\_\_\_\_ Date paid: \_\_\_\_\_

*Tear off the following part to return to the parent(s)*

A place will be available for \_\_\_\_\_ (child's name)

\* on \_\_\_\_\_ (date) \* or; we will notify you when a place becomes free.

Signed on behalf of the provider: \_\_\_\_\_

Name: \_\_\_\_\_ Job title: \_\_\_\_\_