

CHERRYTREE NURSERY SCHOOL LTD APPLICATION FORM

Wainwright Place, Newtown
Ashford, Kent, TN24 0PF
Tel 01233 639367

149 Kingsnorth Road,
Ashford, Kent TN23 6NE
Tel 01233 636748

Please complete this form and return it to the branch of your choice (see addresses above).
Your application will be held on file until a suitable place becomes available.

CHILD'S FULL NAME _____

Date of Birth _____ Male / Female

Parent's / Guardian's names(s) _____

Address, incl Post Code _____

Home Tel No: _____ Mobile No: _____

Work No: _____ Email : _____

Which branch would you prefer? Newtown Kingsnorth Road Either

When would you like your child to start? _____

Please indicate with a tick, the days and sessions you would prefer your child to attend.
We will do our best to accommodate your wishes, but this cannot be guaranteed. Other sessions may be offered if we have limited space available.

	8.45am-11.30am	8.45am-1pm	8.45am-3pm
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Does your child have any special or additional needs, or are you concerned in any way about his / her development? (This will help us to ensure your child's needs are fully provided for).

Yes / No If yes, please give brief details here _____

We will contact you during the term before your requested start date. Please advise us if your address or phone number changes.

How did you originally hear about Cherrytree Nursery School? Recommended by:
 Doctor Health Visitor By friend / relative Details obtained from: Yellow pages
 Phone book Website Other (please specify) _____

Office use only: DOA ___/___/___ SR ___/___/___ DRFS ___/___/___
 PIP ___/___/___ @ _____ SD ___/___/___ FF2? Y / N Claim _____