Mother Goose application form

Please number the boxes in order of preference. If you are only applying to one nursery please tick the box. If applying for all 3 put a one in most desired box, followed by a number two for second choice and a 3 in the box to state your third preference.

*Greendale Fields ( )*

*Upland Road ( )*

*Waveney Avenue ( )*

Projected start date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s age at prospected start date (in months)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Days required**

5 days (Full Time) ( )

Less than 5 days (Part Time)

For part time place please circle the days of your choice (All spaces MUST include either a Monday or a Friday.)

Mon Tues Weds Thurs Fri

**Child’s Information**

Child’s Name\_\_\_\_\_\_\_\_\_

Male/Female\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian information**

Applicants relationship to child.

*Applicant’s name, position, and contact details- IF NOT the child’s legal parent or guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Parent/Carer 1**

Title\_\_\_\_\_\_\_

Full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male/female\_\_\_\_\_\_\_\_

Home phone\_\_\_\_\_\_\_\_\_\_

Mobile number\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Carer 2**

Title\_\_\_\_\_\_\_

Full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male/female\_\_\_\_\_\_\_\_

Home phone\_\_\_\_\_\_\_\_\_\_

Mobile number\_\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Brothers, Sisters, or other adults living with the child:

Previous child care if any:

How did you hear about mother Goose nurseries?

Signature of applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date form completed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Office use only:*

*£30 Registration Fee*

*(Amount) …………….. (Date) ………………….*

*To be completed during the induction meeting*

*Times of attendance agreed……………………………………………………*

*£300 Deposit paid:………………. (Date) …………………. (Received by)*

*Start date agreed: ……………………………..*