

DITTON LODGE COMMUNITY NURSERY

APPLICATION FORM

Child's name:					
ate of Birth: Male/Female					
Address:					
Postcode:					
Email					
Telephone number:	Mobile r	number:			
Does she/he have allergies/medical conditions	? Yes/No				
If yes, please provide details including any med	dication requ	ıired:			
	·				
Any additional needs?					
What language(s) do you speak at home?					
Please indicate what days and times you would state).	d prefer you	child to atte	end. (If no p	oreferences	please
state).	Mon	Tues	Wed	Thurs	Fri
8.40 am-11.40 am (am only)					
8. 40 am-12.10 pm (am with lunch)					
12.10 pm-3.10 pm (pm only) 8.40 am-3.10 pm (all day)					
I understand that children are admitted by the I 2 years old at the time of starting.	length of tim	e on the wa	iting list, as	long as the	child will be
Signed:	D	ate			
Parents name (Block capitals and Mr/Mrs/Miss	/Ms)				

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Ofsted Outstanding