

Application Form



## Who we are

Alverthorpe Grange Nursery is an established Private Day Nursery providing high quality childcare from 6 months to 5 years.

We are a family owned and managed business with highly trained practitioners. Our Owner and Manager and Deputy Manager have a wealth of knowledge in Childcare & Management and years of experience.

Our aim is to ensure that every child receives the highest standard of care and education in a fun and stimulating environment. Our beautiful premises were purposely converted to provide a safe and spacious environment for children to play and learn.

## Contact Us

If you would like to become part of the Alverthorpe Grange Family, please complete this form and return to:

Alverthorpe Grange Nursery
5 Conway Road
Alverthorpe
WF2 0AZ

Phone: 01924 314009

Email: alverthorpe.grange@gmail.com

For more information about us visit…

www.alverthorpegrangenursery.co.uk



|  |  |
| --- | --- |
| Child’s Surname: |  |
| Child’s Forenames: |  |
| Child’s Date of Birth: |  |
| Address: |  |
|  |  |
|  |  |
| Home Telephone No: |  |
| Parent Name (1): |  |
| Mobile Number: |  |
| Email: |  |
| Parent Name (2): |  |
| Mobile Number: |  |
| Email: |  |
|  |  |
| Does your child have any known allergies or medical conditions? Yes / No |
| Please specify: |
|  |  |  |
| Sessions required  | AM  |  PM |  After-School  |
|  | *Please state time of drop off and pick up* |
| Monday |  |  |  |
| Tuesday |  |  |  |
| Wednesday |  |  |  |
| Thursday |  |  |  |
| Friday |  |  |  |
| Preferred Start Date |  |

**Please circle**

**Local authority funding Parents to pay Term time (please check availability) Stretched**

I / We apply for my child’s place in line with Alverthorpe Grange’s terms and conditions which I / We have read and understood. Upon a place being made available, I/We shall provide payment for the booking fee which I understand is non-refundable and will reserve my child’s nursery place.

Signed Parent 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed Parent 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_