



Application for Childcare Place

PLEASE PRINT

Full name of child:	Date of Birth:						
Child's Address:							
				Postco	ode:		
Parent (1)	Parent (2)						
Name				Name			
Tel. Home				Tel. Home			
Tel. Mobile				Tel. Mobile			
Email address				Email address			
Start Date (if known):	Date Childcare to End (if applicable)						
	Mondays	Tuesday	S	Wednesdays	Thursdays	F	ridays
Drop off/Start Time ¹							
Collection/End Time ²							
1 Children for 'School 2 We allow 15 minute	es past the allocate	d end time due	e to var	ying traffic condition		hout per	nalty.
i/we will pi	rovide pack-lunch and	or other meal t	nat may	require reneating.			
I/we woul	d like meals to be pro	vided on the foll	owing d	ays (please tick below	all that apply)		
Γ	Monday	Tuesda	.y	Wednesday	Thursday		Friday
Breakfast	J		7	J			<u> </u>
Lunch							
Dinner							
We no longer provide posyment options.	orinted invoices, or ac	cept cash / chec	jue as pa	yment. All invoices a	re sent via email, and v	we provic	de various
Fulltime Childcare provoarent/guardian, and 2 on holiday, this will be	weeks' unpaid holiday	y for the provid	er. (Whe	ere provision is made t	for alternative childcar	e, whilst	the provider is
School collection and d is currently set at 50% of						cur a reta	iner fee, which
I/we understand that a property forms have been fully			et Docun	nent has been signed b	by all parties and the Pa	arental Po	ermission
Unlike other care provi	ders, I DO NOT char	ge my customer	s a depo	sit, and invoices are so	ent in arrears.		
Once completed and re	turned, we aim to con	tact you within	48 hour	s, to arrange a mutuall	y convenient time for	a visit.	
I/we are the Pare place with Natalie						r a chil	dcare
Parent 1 Print Nam	ne:		Sign:			Date:	
Parent 2 Print Nam	ne:		Sign:			Date:	