

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 **both pages** of this form and either email or return it to one of the addresses above. Your application will be held on file until a suitable place becomes available.

Childs name:

Date of birth: Male / Female

Parents/Guardians name(s):

Address

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.....

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Post code:

Home tel no:

Mobile no:

Work no:

Which branch would you prefer?

Newtown Kingsnorth Rd Either

When would you like your child to start?

Office use only: DOA ____ / ____ / ____ SR ____ / ____ / ____
DRFS ____ / ____ / ____ ICP ____ / ____ / ____ @ _____
SD ____ / ____ / ____

Please indicate with a tick, the days and session you would prefer your child to attend. We will do our best to accommodate your wishes, but this cannot be guaranteed.

Monday	9:00am – 11:30am	<input type="checkbox"/>	9:00am – 1:00pm	<input type="checkbox"/>	9:00am – 3:00pm	<input type="checkbox"/>
Tuesday	9:00am – 11:30am	<input type="checkbox"/>	9:00am – 1:00pm	<input type="checkbox"/>	9:00am – 3:00pm	<input type="checkbox"/>
Wednesday	9:00am – 11:30am	<input type="checkbox"/>	9:00am – 1:00pm	<input type="checkbox"/>	9:00am – 3:00pm	<input type="checkbox"/>
Thursday	9:00am – 11:30am	<input type="checkbox"/>	9:00am – 1:00pm	<input type="checkbox"/>	9:00am – 3:00pm	<input type="checkbox"/>
Friday	9:00am – 11:30am	<input type="checkbox"/>	9:00am – 1:00pm	<input type="checkbox"/>	9:00am – 3:00pm	<input type="checkbox"/>

Does your child have any special / 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:

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

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How did you hear about Cherrytree Nursery School?

Recommended:	By a friend or relative	<input type="checkbox"/>	Health visitor	<input type="checkbox"/>	Doctor	<input type="checkbox"/>
Details obtained from:	Yellow pages	<input type="checkbox"/>	Phone book	<input type="checkbox"/>	Advert	<input type="checkbox"/>

Other (please specify):