## Little Learners Galgate



St Joseph's Church, Main Road, Galgate, Lancaster, LA2 0JW

Providing outstanding care and education for your child

## Application for a Nursery place

Child's Full Name:			Child's Date of Birth:		
Child's Gender:			Child's First Language: Child's Faith:		
Ciliu s Gender:			Child's Faith:		
Parent / Carer's Full Name:			Parent / Carer's Full Name:		
Address:			Address:		
Postcode:			Postcode:		
Home Telephone:			Home Telephone:		
Work Telephone: Mobile:			Work Telephone: Mobile:		
Email:			Email:		
Email.			Lilian.		
Preferred means of contact:			Preferred means of contact:		
Preferred Start Dat	e:				
Days and Sessions	•		T	_, , ,	
7.00	Monday	Tuesday	Wednesday	Thursday	Friday
7:30am-8:00am					
8:00am-12:30pm					
1:30pm-5:30pm					
5:30pm-6:00pm					

Details:

Workplace Childcare Vouchers					
Would you like to use your Workplace Childcare Vouchers: Yes / No					
Does your child attend any other Nursery? You Details:	es / No				
Is your child on a waiting list to attend another Nursery? Yes / No Details:					
Please provide any further information that you think may be relevant (e.g. dietary needs, medical information, allergies to food / insects / plants? etc)					
How did you find out about the Nursery? (e.g. word of mouth, driving past, banner, flyer, internet search, Family Information Board etc.)					
Circohum of Bonont / Const	Circustum of Depart / Cons				
Signature of Parent / Carer	Signature of Parent / Carer				
Date:	Date:				

If you no longer need your nursery place please can you let us know as soon as possible so we can offer it to another child. Thank you