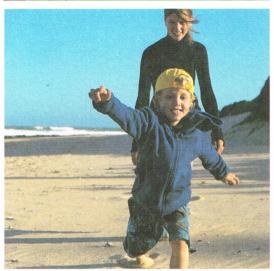


## application form

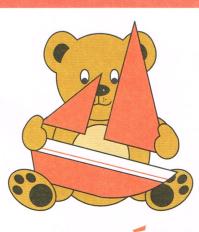












la petite école



Thank you for your interest in La Petite École Group of Day Nurseries.

We invite you to view our exceptional childcare facilities, and will be more than happy to show you around and answer any questions you have when considering placing your most treasured possession in any of our nurseries.

If you decide after visiting us that you require a place for your child, please complete, sign and return the attached form, agreeing to the terms and conditions below, together with a £50 administration fee and a deposit of £200.00 to secure the place. This deposit will then be deducted from your final statement when your little one leaves us to go on to pastures new, on the condition that you have given the required two calendar months notice in writing to withdraw your child, and that he/she has attended for 3 months or more.

Please note that should you decide that you no longer require the place, the deposit is non-refundable.

## Terms & Conditions

We require a minimum of three sessions attendance before we can consider your application - e.g one Full Day plus 1 Afternoon.

There are also charges for deferred places, which arise when parents delay the notified start date by more than 4 weeks. To retain the deferred nursery place, you are required to pay a "retainer fee" of 50% of your full month's fees for the first month, and then full payment of each subsequent month's fees thereafter. These charges may vary from time to time, as this depends on various factors within the nursery.

The nursery manager will contact you before your start date to arrange some settling in periods etc., for which you will not be charged. Your Contract of Attendance will be forwarded together with your confirmation letter.

Please retain a copy of these terms and conditions for your records.

I do hope that you will visit us soon. If you have any questions, please do not hesitate to contact us.

## application form



Please state which nursery you wish yo	our child to attend:								
Child's Surname:									
Forenames:									
Date of Birth:	Age at start date:								
Sex:	Religion:								
Nationality:									
First Language:									
Email:									
Special Dietary Needs:									
	•								
Does your child require regular medic	ation: Does it have to be administered by a doctor?								
Yes No	Yes No								
(If Yes: what medication and for what	condition?)								
Vaccinations to Date (please tick)									
Polio	MMR								
Diphtheria	HIB								
Tetanus	Measles Booster								
Whooping Cough									
Allergies:									

( All information contained on this form wil be treated as strictly confidential )

Doctor's Name	& Telepho	ne No	): 		· ± ·	9 9			_	
Nursery Require	ements (Pl	ease	Tick)							
Full Time	Full Day		Mornir	ng till 1pm	1.30pm	2.00pm	2.30pm	Afternoon		
	Mon		Mon					Mon		
	Tues		Tues					Tues		
	Wed		Wed					Wed		
	Thur		Thur					Thur		
	Fri		Fri					Fri		
Proposed starting N.B. If agreed starting da	ate is deferred fo									
parent	's/le(	gal	gu	ıardia	an's	deta	ils			
Mother's/Guard	dian 1's Na	ıme:							-	
Address:										
	lome:									
	Business:					Emergency:				
	Date of Birth:				Occ	Occupation:				
Father's/Guardi	an 2's Nar	me:		•			160 170 170			
Address (if diffe	erent from	abov	e)							
Tel. No: H	lome:									
- E	Business:				Eme					
	Pate of Birth:				Occ	Occupation:				
Any Additional  accepta		L	<b>S</b>	and (						
l agree to the terms and weeks of receipt of an in	conditions conta						l to La Petite Éco	le Day Nurseries wit	hin two	
Signature of P	arents/Gu	ıardia	ns:							
Date:				Deposit P	aid:					