

# Little Gems Nursery Reception Application Form

Please complete the form below

Child First Name:

Child Surname:

Gender:

Boy / Girl *(Please delete as appropriate)*

DOB:

/ /

Name of parent(s) with whom the child lives

P1

P2

Address

Post Code:

Telephone

(P1)

(P2)

Mobile

(P1)

(P2)

Email

I / We would like our child \_\_\_\_\_ to enrol at Little Gems Nursery

\* As soon as possible; or from \_\_\_\_\_ (date)

If we find that we no longer need the place, we will inform the setting as soon as possible

*Signature of parent(s)*

Parent 1:

Parent 2:

Date:

Date:

*Please note completion of this form does not constitute admission in the nursery or guarantee of a place.*