**Waiting List Form**

A drawing of a face

Description generated with high confidence

Peaslands Road,

Saffron Walden,

Essex,

CB11 3ED

01799 528051

[info@belldaynursery.co.uk](mailto:info@belldaynursery.co.uk)

**Please complete and return to this address:**

**Your child’s full name:**

**Date of birth/expected date of birth:**

**Parent(s)/Guardian(s) name(s):**

How did you hear about us?

(please tick)

* Local press
* Internet
* Word of mouth
* Other: Please state

Address:

Home telephone number:

Work telephone number:

Mobile number:

Email address:

**Please enter the start date you require ( This is VITAL) :**

**Sessions required ( tick please)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **AM 08.00-1300** |  |  |  |  |  |
| **PM 13.00-18.00** |  |  |  |  |  |
| **Full Day**  **08.00-18.00** |  |  |  |  |  |

Please add my child’s name to your waiting list. I understand that this does not guarantee a place in the Nursery. I enclose a non-refundable fee of £20.00 to cover administration costs.

Bank details: Lloyds Bank

Sort Code: 30-97-24

Account no: 44935668

Signed:……………………………………………………………………. Date:……………………………………………………….