

Application to join Pride & Joy Day nursery

Name of child			Date of birth				
Name(s) and address(es) of parent(s) making the application:							
Parent 1			Parent 2				
Address			Address				
Postcode	Tel		Postcode		Tel		
I/We would like (Name of Child)							
to start attending at this nursery *as soon as possible; or from Date							
We would like our child to attend on the following days/sessions:							
G,							
*Monday am / pm; Tuesday am / pm; Wednesday am / pm; Thursday am / pm; Friday am / pm							
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				

OFFICE USE ONLY

Tear off the following part to return to the parent(s)

A place will be available for	Child's Name
* on / date	* or; we will notify you when a place becomes free.
Signed on behalf of the provider	
Name	.loh title



0208 574 2040



hello@pride&joy.co.uk



Spikes Bridge Park, Spikes Bridge Road, Southall UB1 2S