



NURSERY ENQUIRY FORM

Please complete details below:

NAME OF CHILD

DATE OF BIRTH

NAME

RELATIONSHIP TO CHILD

CONTACT NUMBER

EMAIL ADDRESS

Can you please indicate below which sessions you would like your child(ren) to attend?

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
MORNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FULL DAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Will your child attend Nursery **All Year** or **Term Time**? Please Circle

I am looking for my child(ren) to start on:

Where did you hear about Little Stars ELCC?

Are you happy with what you have seen today?

Name of parent: Parent/carer signature:

Date:



Thank you for your
time and enquiry

