Client Enquiry Form

|  |  |
| --- | --- |
| Date of Enquiry |  |
| Parents Name |  |
| Tel No: | Home  Mobile |
| Home Address |  |
| e-mail |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Childs Name |  | | |
| D.O.B |  | Current Age |  |
| Preferred Start Date |  | Age at start date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Attendance / Preferred days | | AM (8-1) | PM (1-6) |
| Minimum of 2 full days.  AM or PM only sessions available from **2yrs upwards** | MONDAY |  |  |
| TUESDAY |  |  |
| WEDNESDAY |  |  |
| THURSDAY |  |  |
| FRIDAY |  |  |

|  |  |
| --- | --- |
| Funded information | Any additional needs? |
| 15hrs/30hrs:  2yrs funding code:  3yrs funding: | SEN:  English as a second language: |
| Any previous (or current) Nursery/Childcare settings?  If so when did your child start / leave |  |

*Please note, this enquiry does not constitute or secure an allocation of space.*FOR OFFICE USE ONLY

|  |  |  |  |
| --- | --- | --- | --- |
| Visit date, time start & end |  |  |  |
| Visit conducted by |  | | |
| Place taken | YES / NO (If no reason) | | |
| Recommended by |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Information sent: | Prospectus |  | Registration Form |  |
|  | Tax Free Childcare link |  | Funding form |  |
|  | Nursery Pictures |  | Admissions Policy |  |
| Registration form returned | |  | Funding form returned |  |