APPLICATION FORM

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| --- | --- |
| Child’s Name: |  |
| Date of Birth: |  |

|  |  |
| --- | --- |
| Parent/Carer’s Name: | Parent/Carer’s Name: |
| Address: | Address: |
| Tel.: | Tel.: |
| Email: | Email: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Days  required: | AM | Monday | Tuesday | Wednesday | Thursday |  |
| PM | Monday | Tuesday | Wednesday | Thursday |  |

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| --- |
| Where did you hear about The Phoenix Kindergarten? |
| What interests you about applying here? |

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| --- |
| What would you like us to know about your child? |

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| --- |
| Have any professionals been involved with your child? |

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| --- |
| Any concerns |

Thank you for completing this form. Please send it to [admin@phoenixkindergarten.org.uk](mailto:admin@phoenixkindergarten.org.uk) or The Phoenix Kindergarten, The Old Orchard, 83 Awsworth Lane, Cossall, Notts NG16 2SA

As spaces at The Phoenix Kindergarten are limited, we ask that all families applying for a place pay a £50 holding deposit. This is returned in full at the end of the first term. Please send this payment to the following bank account:

Account Name – Phoenix Kindergarten

Ref – Your child’s name

Sort Code – 80 22 60

Account Number – 19735161

* Please confirm that you agree to pay a holding deposit upon applying for your child’s place

We will contact you shortly to arrange a meeting with you and your child.