**ENROLMENT FORM**

Please fill in all applicable details and return the form to:-Nursery Manager, The Corner House Day Nursery -Ealing, 82 Lavington Road, Ealing. W13 9LR.

1. Child's Full Name...............................................................................................................……...

 Date of Birth.......................................……………………………………………………………

 Telephone...........................................................….....................................................................

 Address...............................................................................................................................…….

 ............................................................................................................................................…….

 Parent's/Guardian's Names..............................................................................................………..

 Email:.............................................................................................................................................

 Email:..............................................................................................................................................

2. Do you wish your child to attend full or part time,.......................................................…………..

 If part-time, please specify preferred days......................................................................…………

3. Mother's Employer.............................................................................................................……..

 Telephone....................................................................................................................................

4. Father's Employer...............................................................................................................……..

 Telephone...........................................................................................................................……..

5. Name & Address of Child' Doctor.................................................................................…………

 ............................................................…………Telephone.........................................................

6. Details of Injections/Immunisations already received by your child:……………………………...

 …………………………………………………………………………………………….………..

7. Please give details of any allergies or disabilities:...........................................................…………

I wish to apply for admission of the above named child. I have received and read the Corner House Day Nursery - Ealing brochure and agree to abide by the information contained in it.

Signed.................................................................................... Date.................................................

Desired Starting Date at Nursery...............................................................................................