**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...............................................................................................................................…….

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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...............................................................................................