

 St Sebastian’s Field of Dreams Day Nursery

 Holly Road, Liverpool, L7 0LH

 Telephone No: 0151 264 89 45

Date of Application………………………………………………………

Full Name of Child……………………………………………………………………………………………………………..

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

First Language……………………………………………………………………………………………………………………

Gender - Please circle - Female or Male

About My Child: (please provide any important information about your child’s and his/her needs:……………………………………………………………………………………………………………………………………

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

Name Parent/Carer………………………………….. Relationship to Child…………………………………..

D.O.B…………………………………………………….... Ethnicity………………………………………………………

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

Telephone…………………………………………………. Email………………………………………………………….

National Insurance Number…………………………………………………………………………………………..

Name Parent/Carer………………………………….. Relationship to Child…………………………………..

D.O.B……………………………………………………….. Ethnicity……………………………………………………..

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

Telephone…………………………………………………… Email………………………………………………………..

National Insurance Number…………………………………………………………………………………………..

I / we wish to apply for a place \*as soon as possible\*.

From……………………………………………………………………(date)

The Nursery will be open from 7.45am to 5.45pm – Monday to FridayPlease requirements. Please circle the sessions that you require:

 7.45am - 5.45pm Full Day Care Monday Tuesday Wednesday Thursday Friday

 7.45am -12.45pm Morning Sessions Monday Tuesday Wednesday Thursday Friday

 12.45pm - 5.45pm Afternoon Sessions Monday Tuesday Wednesday Thursday Friday

Signature Parent/Carer……………………………………………… ……………………………………………………