

## APPLICATION TO JOIN TINY TOEZ

Name of child .....D.O.B.....

Name(s) of parent(s).....

Address of parents.....

.....

Postcode ..... Telephone .....

I/We would like .....to start attending Tiny Toez

\*as soon as possible.....

\*from (date) .....

**\* Please delete whichever is not applicable.**

If we find that we no longer need the place, we will inform the nursery as soon as possible.

Signature of parent.....

### Days Requested

Monday	Tuesday	Wednesday	Thursday	Friday
Full Time	Full Time	Full Time	Full Time	Full Time
Am/Pm	Am/Pm	Am/Pm	Am/Pm	Am/Pm

**Please select the sessions or days you wish your child to attend.**

**A full weeks deposit and a non-refundable registration fee of £25.00 is payable at the time of registering.**

**The deposit will be deducted from your last week/months fees.**