**LONGTOWN CHILDCARE TRUST**

**OFSTED Registration EY344683 – Company Number 5758223**

**Mary Street, Longtown, CARLISLE CA6 5UG**

**Telephone 01228 791005**

**e-mail: peartreenursery@btconnect.com**

**Childcare Manager: Alison Blair Trustees: Lorna Hogg**

**Finance Manager: Charlotte Wigham Kath Lamb, Liz Wood,**

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| --- | --- | --- | --- | --- | --- |
| **Application Form** | | | | | |
| **Name of Parent/ Carer:** | | | | | |
| **Address:** | | | | | |
| **Post Code: Tel:** | | | | | |
| **Child’s Name: DOB:** | | | | | |
| **Email address:** | | | | | |
| **Proposed Start Date:** | | | | | |
| **Please tick the sessions you would like your child to attend and if you would like any additional hours, then please write in the end column.** | | | | | |
|  | **8am- 1pm** | **9am-3pm** | **1pm-6pm** | **8am-6pm** | **Additional hours** |
| **Monday** |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |
| **Friday** |  |  |  |  |  |

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| **Nursery place offered by: …………………………………………..…. (staff member’s signature)** |
| **Parent’s Acceptance of Place:**  **I accept the place that has been offered for my child as outlined above. I understand that a monthly fee is payable in advance. Fees are payable even if my child/ren are unable to attend through illness or any other reason. I understand my entitlement is two weeks free holiday per year (sept-sept), unless my child has a funded placement.**  **Signed: ………………………………………………………..…..(parent’s signature)** |