



Application for Admission to Mylnhurst Nursery

We are delighted that you are considering Mylnhurst Nursery for your son or daughter. Please complete all sections and return this form to Mrs Hill-Pickford dhill-pickford@mylnhurst.co.uk together with a copy of your child's birth certificate.

Section 1: Information about your child

Proposed Start Date		Date	Month	Year
First name(s)				
Surname				
Date of birth				
Gender (M/F)				
Nationality				
Ethnicity				
Religion				
Previous Nursery / Pre-school				
Name and address of GP				
Medical information				
D : : :				
Details of any SEN				

Section 2: Information about parents or guardians

	Parent / Guardian 1	Parent / Guardian 2
Title		
Full name		
Occupation		
Address		
Home tel. no.		
Mobile no.		
Work tel. no.		
Email		

Website: www.mylnhurst.co.uk





Additional Fam	ily Details				
Please include below		on that the scho	ool should be awa	are of. To reque	st a private
meeting with our Hea	admaster, Mr N	⁄lichael Hibbert.	please email <u>lcr</u>	oxton@mylnh	urst.co.uk
		. ()		1 1 6	
Section 3: Inform Please complete only if this				chool fees	
	, is different to the	information given	III Section 2		
Relationship to child					
Title					
Full name					
Address					
Home tel. no.					
Mobile no.					
Work tel. no.					
Email					
Section 4: Prefer	red session	S			
Please tick your preferre		_	t children are requ	ired to attend a m	ninimum of three
ull days, providing there			·		
				I.	
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Lunch (please tick if required)					
Afternoon					
		1	1		
Three places are avail	lable for childre	en who wish to	use 15 hours of	FEL-funded pla	ces only. These
			use 15 hours of	FEL-funded pla	ces only. These
places are from 1pm –	- 3.30pm every	afternoon.	_	FEL-funded pla	ces only. Thes
Three places are avail places are from 1pm – If you would like to ap	- 3.30pm every	afternoon.	_	FEL-funded pla	ces only. Thes

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Section 5: How did you hear about Mylnhurst?

Recommendation	
Reputation	
Website	
Attended Mylnhurst Nursery	
Other children attend Mylnhurst	
Other (please specify)	

Declaration

I/We* request that our child be registered for a place at Mylnhurst Nursery.

Payment of the £100 registration fee, which is deducted from your final invoice, can be made over the telephone or via a BACS payment. Bank details can be supplied by the finance office upon request finance@mylnhurst.co.uk.

We have read and understand that the School and Nursery's **Terms and Conditions (attached)** are binding to all our dealings with school and that these terms and conditions will undergo regular review.

*delete as appropriate

Financial Reference

As part of our Ethical Application Process, and in accordance with our Terms & Conditions, we may request a Financial Reference from your child's previous nursery / pre-school – wherever fees are paid. The purpose of the request is to confirm that all applicants have met their financial responsibilities with their existing provider.

We will liaise with you to confirm a suitable date to make the request for a Financial Reference.

This application form must be signed and dated by all those named in Section 2 and Section 3

Parent / Guardian 1 (delete as appropriate)	Parent / Guardian 2 (delete as appropriate)	
Signed:	Signed:	
Date:	Date:	
Person named in Section 3 (if applicable)		
Signed:		
Date:		

Telephone: Email:

0114 2361411 enquiries@mylnhurst.co.uk

Website: www.mylnhurst.co.uk