

Trusting Hands Day Nursery Application for Child Place

Full Name of Parent/Guardian: Title:

Name of Child: Relationship to Child:

Date of Birth: Gender:

Nationality: Religion:

Home Address:

..... Post Code:

Home Tel No: Mobile:

Place of Work:

Work Tel No: Preferred Start Date:

Please Indicate Times of Attendance

	Morning 8 am—1 pm	Afternoon 1 pm—6 pm
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

- I hereby authorise the Nursery Manager/Senior Staff to act on my behalf should my child require hospital treatment and I cannot be contacted.
- In line with our registration guidelines from Care & Social Services Inspectorate Wales, I accept Nursery Staff have an obligation to report any concerns they may have for my child to the Social Services and Child Protection Team.
- Any other information relevant to this application:
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Signed: Date:



Canolfan Gorseinon Centre is managed and run by
The Gorseinon Development Trust
Canolfan Gorseinon Centre, SA4 4QN
Tel: 01792 897657 Fax: 891388 E-mail: info@gdt.org.uk
Company No: 4645611 Registered Charity No: 1123576

