



The Arc Nursery
 39 Crosby Row
 London SE1 3YD
 T 020 7378 7532
 www.arcnursery.com
 admin@arcnursery.com



THE ARC: APPLICATION FORM

Please complete this form in **BLOCK** Capitals. On receipt of this application form, we will contact you regularly via email to keep you up to date on your waiting list position. We require a non refundable £50 registration fee to enrol or place children on our waiting list. If you have any questions in the meantime, please call us on 020 7378 7532.

We look forward to welcoming you and your child to the Arc in the near future.

PARENT/GUARDIAN DETAILS

Title

First Name

Surname

Relationship to child

Address

Postcode

Telephone: Daytime

Mobile

Email

CHILD DETAILS

First Name

Surname

Date of Birth

Gender: Male Female

CHILD DETAILS

Does your child have any medical conditions? (Please tick relevant box)

Yes No

If yes please give details below—

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Does your child have any special educational needs? (Please tick relevant box)

Yes No

If yes please give details below—

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Does your child have a CAF? (Please tick relevant box)

Yes No

REQUIREMENTS

When would you like your child to start at the Arc?

Date ASAP

How many days per week? Please tick:

2 3 4 5

There has traditionally been a waiting list for Arc places so if you can be flexible on which days your child can attend, we may be able to offer you a place more quickly. Please tick any days that suit you so we are able to offer you a place as quickly as possible

	Monday	Tuesday	Wednesday	Thursday	Friday
Preferred Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you currently have another child attending the Arc? Yes / No
 Child's name:

Where did you hear about the Arc?