



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 registration fee to enrol or place children onto our waiting list.

The Arc Nursery is proud of its not-for-profit charitable status and is overseen by a board of trustees, made up of a group of parents who have or have had their children attend the nursery. Our parent community is involved with the nursery, lending their combined skills and expertise to ensure the setting continues to flourish.

If you have any questions, 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 Today's Date:.....

Parent 1 Details Title: Mr / Mrs / Ms / Miss / Dr (please circle)
 First Name _____
 Surname _____
 Relationship to child _____
 Address _____

 Mobile _____
 Email _____
 Occupation _____

Parent 2 Details

Title: Mr / Mrs / Ms / Miss / Dr (please circle)
 First Name _____
 Surname _____
 Relationship to child _____

Parent 2 details continued...

Mobile _____
 Email _____
 Occupation _____

CHILD DETAILS

First Name _____
 Surname _____
 Date of Birth or _____
 Expected Delivery Date: _____
 Gender: Male _____ Female _____

REQUIREMENTS

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

Date _____ ASAP _____

How many days per week? Please tick:

1 _____ 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

Preferred Days Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Do you currently have another child attending the Arc? Yes / No

Child's name: _____

Where did you hear about the Arc? _____

We have paid the Registration Fee Yes _____ No _____ Cash _____ Bank Transfer _____

Continue to the next page

THE ARC: REGISTRATION FORM CONTINUED...

CHILD'S MEDICAL 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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Has your child received these immunisations?

	Yes	No	Date
8 weeks			
12 weeks			
16 weeks			
1 year			
Flu Vaccine			
4-in-1 pre-school booster			
Chickenpox Vaccine			

Any other information: Please tell us anything else that you feel staff ought to know concerning your child.

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CHARITABLE TRUST

The Arc Nursery is a not-for-profit community-owned nursery which is governed by a Board of Trustees made up of current/former parents. Its not-for-profit status means we rely on the goodwill of our parent/carer to offer their skills, expertise in areas where we need support from time to time.

Please indicate any skills/expertise you would be happy to offer on an adhoc basis to the nursery. E.g. legal, HR, marketing, fundraising, IT, facilities management, gardening and landscaping, finance and treasury support.

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Please accept this application for admission to Arc Nursery

I/We enclose/have paid the registration fee of which I/we understand is not refundable.

I/We understand that registration and joining the waiting list does not guarantee a place in the Arc Nursery.

A full copy of the Terms and Conditions is available on request.

Signature of Parent(s)

Sign Here _____ Date _____

Sign Here _____ Date _____

RETURN TO

39 Crosby Row London SE1 3YD or email to admin@arcnursery.com

For Bank Transfers: Destination Bank : C. Hoare & Co Bank. Account Name: ARC Community Trustees Sort Code: 15-99-00 Account No: 02175570 Reference: please use your child's name

OFFICE USE ONLY

Tour Date: _____ Date application received: _____ Post/Email/Personally

Registration Fee : Cash/Bank transfer Date Payment Received:

E-mail Confirmation Sent: Yes/No Date Sent:

Administers name:

Once the child has started Arc this form will be kept in child's file