
**Waiting List Form**

|  |  |
| --- | --- |
| Child’s first name: | Child’s surname: |
| Date of birth (or estimated due date):  | Gender (if known): |
| Language spoken at home: | Does your child have any additional needs?: |
| Parent/carer name:Relationship to child: | Parent/carer name:Relationship to child: |
| Occupation: | Occupation: |
| Address: Post code: | Address: Post code: |
| Telephone home: | Telephone home: |
| Mobile:  | Mobile:  |
| Email (Please print as this is often the way we contact you): | Email (Please print as this is often the way we contact you): |
| Where did you hear about Sunrise Community Nurseries? ***(If internet, please state which website):***  |

|  |
| --- |
| **Attendance Required** |
| Monday | Tuesday  | Wednesday  | Thursday  | Friday  |
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
|  |  |  |  |  |  |  |  |  |  |
| Preferred Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***NB: You will need to allow 2 full weeks before this date for the settling in process*** | AM – 8-1 / PM – 1-6Tick both for full day***N.B. We do not offer half days for under 2’s*** |
| Will you be claiming any Early Years Funding? | 2 year old funding15 hours |  | 3&4 year old funding 15 hours |  | 3&4 year oldfunding30 hours |  |
| Have you already been to visit the nursery? YES/NO ***(If not, please call on 020 7639 1802 and we can get this booked in for you)*** |

**To check before sending this form in:**

1. Is your child’s DOB, or expected due date, correct? YES/NO
2. Are your contact details easy to read? YES/NO

**Nursery Events**

We hold events throughout the year such as Summer Fete or coffee mornings and like to invite our waiting list parents. By ticking this box, **you are confirming that you *are* happy to be contacted** by Sunrise Community Nurseries about such events not related to being offered a space. You can opt out this anytime, just by letting us know.

**Data Protection**

Should you not join Sunrise Community Nurseries for any reason, we will retain this form until you request to be removed from the waiting list or until you child reaches five years of age.

**Office Use Only:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date received |  | Received by |  |

|  |
| --- |
| **Communications** |
| **Date** | **Discussion** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |