



# APPLICATION FORM

Footprints Day Nursery  
 154 Cumberland Street  
 Macclesfield  
 Cheshire SK10 1BP

Tel: 01625 662200  
 Fax: 01625 424028  
 e-mail: enquiries@footprintsnurseries.co.uk  
 www.footprintsnurseries.co.uk

Please print the form off and post, fax or e-mail it back to the address above.

<b>Child's Full Name:</b>	
<b>Parent's Full Name:</b>	
<b>Home Address :</b>	
<b>Contact Telephone Number:</b>	
<b>Child's Date of Birth:</b>	
<b>Requested Starting Date:</b>	<b>Setting:</b> <input type="checkbox"/> Macclesfield <input type="checkbox"/> Bollington (please tick)

	1 <sup>st</sup> choice sessions required (please tick)			2 <sup>nd</sup> choice sessions
	Morning	Afternoon	Full Day	<b>Please allocate my sessions based on the following attendances:</b>
<b>Monday</b>	☐	☐	☐	Full Days .....Half Days .....  Excluding days.....
<b>Tuesday</b>	☐	☐	☐	
<b>Wednesday</b>	☐	☐	☐	
<b>Thursday</b>	☐	☐	☐	
<b>Friday</b>	☐	☐	☐	

If my 1<sup>st</sup> and 2<sup>nd</sup> choices are not available, please put me on the waiting list

If the requested sessions are available we will contact you and a £100 reservation fee will be payable to secure these sessions. This will be refunded at the end of your child's stay at Footprints. A full information pack and detailed registration form will be sent out on successful application.

**Please note:** Your first invoice will reflect the sessions you have reserved if you subsequently reduce the number of sessions prior to starting. Reference: Parents Information Handbook.

*I wish to apply for a place for my child/children attending sessions as indicated above.*

Signature.....Parent / Guardian      Date .....

