

# ABACUS NURSERY SCHOOL

## REQUEST FOR PLACE

Today's date : .....

Child's name : .....

Date of Birth : .....

Parent(s) name(s): .....

.....

Address: .....

.....

..... Post Code .....

Telephone : .....

e-mail : .....

Please provide clear information about any already identified special needs or disabilities your child may have. This ensures a successful transition plan can be put into place.

Required start date : .....

Type of place : 51 weeks a year or Term Time Only (please indicate)

Please indicate days and drop off and collection times required :  
(Terms and Conditions apply to funded hours – please read Prospectus)

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

PLEASE BE AWARE  
THAT NOT ALL  
SESSIONS AND  
HOURS ARE ELIGIBLE  
FOR 2, 3 and 4 YEAR  
OLD FUNDING. PLEASE  
READ TERMS AND  
CONDITIONS.

### **A NON REFUNDABLE REGISTRATION FEE OF £50 IS PAYABLE ON OFFER OF A PLACE**

Payment in CASH or directly into the nursery account.

ACCOUNT NO : 71218697 SORT CODE : 40 19 27

For office use only

Place offered on	
Registration Fee received on	

