

Sparkling Minds Ltd

NURSERY ENQUIRY FORM

1 Child's Name: _____ 1 D.O.B (or due date) : _____ 1 Age Now: _____ 2 Child's Name: _____ 2 D.O.B: _____ 2 Age Now: _____	Parent's Name: _____ Telephone Number: _____ Address: _____ _____ Postcode: _____ Email Address: _____
Preferred start date: _____	

PREFERRED SESSIONS

Please complete the appropriate table for your child's age at the time of expected attendance

Sunbeam Room (3mths – 2 years)

Days	Monday	Tuesday	Wednesday	Thursday	Friday

Rainbow Room (2 – 3 years)

Days	Monday	Tuesday	Wednesday	Thursday	Friday

Starlight Room (3 – 5 years)

Days	Monday	Tuesday	Wednesday	Thursday	Friday

OR request our alternative Starlight Room only– *Low-Cost Offer (Sole provider of 30hr Government funded hours only) **Subject to availability*

Choice of:	Monday	Tuesday	Wednesday	Thursday	Friday
Option A	Full Day	Full Day	a.m. only	First half of the week sessions - finish after lunch each Wednesday	
Option B	Second half of the week sessions – start after lunch each a Wednesday		a.m. only	Full Day	Full Day

How did you know about the nursery? Internet search/FB/Instagram/word of mouth/other (Please state)
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REMINDER – During the process you may be invited to attend a pre-booked Show Around of the nursery. **PHOTO ID** must be brought for each attending adult. **For safeguarding purposes, no entry will be permitted without this identification.**

I Consent for personal details to be kept on record (maximum 6 months) for future availability etc. YES/NO

Last reviewed: December 2024