Waiting List Form Rainbow Day Nursery



First name:	Second:		Surname:		Parent/Guardian 1 Name: Mr, Miss, Ms, Mrs					
Family Address:					Email for correspondence:					
					Contact numbers:					
					1:					
					2:					
Date of Birth or:					Parent/Guardian 2 Name: Mr, Miss, Ms, Mrs					
Due Date:										
Gender: Ap		Appl	oplied date:							
Start Date Preferred:					Email for correspondence:					
Other languages spoken at home:					Contact numbers:					
					1:					
					2:					
Does your child have any special needs/requirements:					Bill Payer Name:					
Have you had a visit? If so with whom?					Email: Mobile:					
Which Nursery Site would you like a place at?		ld	Bromley		Petts Wood		Langdon Road		Road	West Wickham
How did you hear about Rainbow Day Nursery:										
Sessions Required:			7.30am-6.3	30pm	, 7.30am-6.00pm, 8.00am-6.00pm , 8.00am-6.30pm					
			Monday	Tue	esday	Wednes	day	Thur	sday	Friday
First choice										
Second choice	2									
Third choice										
Please indicate if you would like additional sessions in the future the days and times you					Any other information you would like to provide us with:					
require.										

Please return this form to your chosen nursery/nurseries;

<u>bromley@rainbowdaynurseries.com</u> <u>pettswood@rainbowdaynurseries.com</u> <u>langdon@rainbowdaynurseries.com</u> <u>westwickham@rainbowdaynurseries.com</u>

Please feel free to contact us on Tel: 020 8460 5335 / www.rainbowdaynurseries.com

