



Nursery Place Reservation Form

Please complete this form, in full, to reserve a place for your child within Acorn Childcare UK.
(When this form has been returned to us, we will allocate places on a first come, first served basis.)

Name of Child: _____

Date of Birth: _____ Female/Male _____

Address: _____

_____ Postcode: _____

Home telephone Number: _____

Parent(s) Name(s) for contact: _____

Parent(s) Carer(s) Email Address: _____

Timetable of care required:

Days care required Monday Tuesday Wednesday Thursday Friday

(Please circle choices):

Sessions required Full days School days Mornings Afternoons
(Please circle choices): (8am-6pm) (8.45am-3.30pm) (8am-1pm) (1pm – 6pm)

Term Time only: Yes / No

Starting date required: _____

Age of Child at required starting date: _____

Are you in receipt of 2 year funding Yes / No

If yes please provide Reference number: _____

Are you intending to claim for 3/4-year-old funding Yes / No 15 hours 30 hours

If yes to 30 hours, please provide reference number _____

Do you intend to share 30-hour funding with another nursery? Yes / No

If yes, which nursery is the funding shared with? _____

Has your child been identified with special educational needs or disabilities? Yes/No

Signed (parent): _____

Print name: _____ Date: _____

For Office Use: Room: _____

Please return to alesha.lewis@acornchildcareuk.org

Chairperson: H. Scott Childcare Manager: D. Hasson
Registered Charity Number 1090086

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