

FOR OFFICE USE:

Waiting List fee rec'd date:

## **Babraham Nursery**



17/18 The Close, Babraham, Cambridge CB22 3AQ
Waiting List Form

| Babraham Institute employee  |                   | urrent family<br>y attending l |                    | te Campus Comp       | any 🔲              |
|--|-------------------|--------------------------------|--------------------|----------------------|--------------------|
| (Please tick if appropriate)   | •                 | , 3                            | ,                  |                      |                    |
| N.B. Submission of this form do  | es not guarante   | e your child a p               | place in the Nurse | ery, only entry ont  | o the waiting list |
| Surname of child: First Name:  |                   |                                | Other Names:       |                      |                    |
| Date of Birth/Expected Date  | of Birth:         |                                | Current Age        | : S                  | ex:                |
| Parents Name(s)  |                   |                                |                    |                      |                    |
| Home Address:  |                   |                                |                    |                      |                    |
|  |                   |                                |                    |                      |                    |
| Telephone Number : Home:Work:Work:   |                   |                                |                    |                      |                    |
| Email address:   |                   |                                |                    |                      |                    |
|  | Monday            | Tuesday                        | Wednesday          | Thursday             | Friday             |
| Breakfast Club   |                   | -                              |                    | Not available        | Not available      |
| Full Day (incorporating funded afternoon)  |                   |                                |                    |                      |                    |
| Funded Only Session (4 hours 28 minutes) 1.16-5.45 (12.47-5.15 Fridays)                                    |                   |                                |                    |                      |                    |
| Totalling 4.47 hours per day   | L                 |                                |                    |                      |                    |
| Date from which place is requi<br>A £50.00 Waiting List Fee is requ  |                   |                                |                    | -refundable and w    | ill only be        |
| returned in the following circums  | tances:           |                                | <b>.</b>           |                      | ,                  |
| <ul><li> If your child attends nur.</li><li> If you have requested fu</li></ul>                            |                   |                                | ing list form and  | decide to withdra    | w your child from  |
| the waiting list <b>Please note</b> : If you have added y  | your shild to the | waiting list fo                | on fundad only car | aciona it will not b | a naccibla ta      |
| change this to full days, if offere your priority.   |                   |                                |                    |                      |                    |
| Signed:  |                   |                                |                    |                      |                    |
| Cheque to be made payable to 'The Ba<br>Institute (Babraham Nursery), Account<br>surname as the reference. |                   | • •                            |                    | •                    |                    |
|  |                   |                                |                    |                      |                    |