



University Day Nursery
Charity No: 283949

34 St Michael's Park
Bristol BS2 8BW
(rear of the University Social Sciences Library)

Tel: 0117 927 6077

Email: university-nursery@bristol.ac.uk

Registered with Ofsted

APPLICATION FOR A NURSERY PLACE

| | | | | |
|-----------------------------------|---|--|---|-----------------------------------|
| 1. | Child's Forename(s): | | | |
| | Child's Surname: | | | |
| | Name child goes by: | | | |
| 2. | Date of Birth OR Due Date (dd/mm/yyyy): | | 3. Gender (please circle): | M F |
| 4. | Child's main Home Address (including postcode): | | | |
| 5. | Family email address(es): | 1. 2. | | |
| <i>Details of child's mother:</i> | | | | |
| 6. | Name of mother: | | 7. Telephone: | (home) (work) (mobile) |
| 8. | Are you (mother) a current University of Bristol student | Y N | If Y, name of course and student number? | |
| 9. | Are you a current member of staff, please provide payroll number () and name of Faculty _____ | Y N | (If mother is UoB staff) Will you be eligible to join the nursery salary sacrifice scheme for payment of nursery fees? Y N N/A | |
| 10. | Expected course completion date or end of contract (if fixed term staff) dd/mm/yyyy | | If you are a student, (please circle): | Undergraduate Postgraduate |
| 11. | Will you be a UoB staff member or student when your child will start at the nursery? | Student Y N Staff Y N | Further information (e.g. your start date): | |

| | | | | |
|-----------------------------------|---|--------------------------------|---|---|
| <i>Details of child's father:</i> | | | | |
| 12. | Name of father: | | 13. Telephone: | (home) (work) (mobile) |
| 14. | Are you (father) a current University of Bristol student | Y | N | If Y, name of course and student number? |
| 15. | Are you a current member of staff, please provide payroll number () and name of faculty | Y | N | (If father is UoB staff) Will you be eligible to join the nursery salary sacrifice scheme for payment of nursery fees? Y N N/A |
| 16. | Expected course completion date or end of contract (if fixed term staff) dd/mm/yyyy | | If you are a student, (please circle) | Undergraduate Postgraduate |
| 17. | Will you be a UoB staff member or student when your child will start at the nursery? | Student Y N Staff Y N | Further information (e.g. your start date): | |

| | | |
|-----|---|--|
| 18. | Names and dates of birth of other children in family living at same address | |
| 19. | I would like to apply for a nursery place to start from (dd/mm/yyyy) | |

20. Please indicate your nursery requirements in the table below (**Note: Please indicate in the comments box if your requirements are flexible, e.g. any 3 days, no half days or Monday plus any other day, can be half days etc.**)

| DAY | AM | LUNCH | PM | COMMENTS |
|-----------|----|-------|----|----------|
| Monday | | | | |
| Tuesday | | | | |
| Wednesday | | | | |
| Thursday | | | | |
| Friday | | | | |

| | | | | |
|-----|---|------------------------------------|--|--|
| 21. | Please tick your intended usage of the nursery: | Full Year <input type="checkbox"/> | University Term Only <input type="checkbox"/> <i>Option only available to student parents</i> | Holidays Only <input type="checkbox"/> |
| 22. | I declare the information on this form to be correct to the best of my knowledge: | Your signature: | | Date: |