APPLICATION FORM



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(attached to Chevening C.E.P. School)

Chevening Road Chipstead Sevenoaks Kent TN13 2SA Telephone:01732 452342 email:nurserychevening@gmail.com www.cheveningnursery.com

I/We would like a place at Chevening School Nursery f	or:-	
Child's Full Name:	Date of Birth:	
Full name, address and relationship of person(s) with w	hom the child is now living:	
Name(s):		
Address:	Post Code:	
Telephone No:	Email:	
Please note the following criteria: - 1. The Nursery accepts children aged 2 to 4 years only. To register your child, there is a £40 non-refu	ndable administration fee. (FF2 places excepted).	
touch and allocate the days on which your child	deposit of £50 is payable to hold your place which	
3. Extra sessions will be offered to your child as they pavailable. Session spaces are reviewed annually. 1 full day = 2 sessions and we recommend a minimum.	One session is either a morning or afternoon.	
4. Allocation of a nursery place does not guarantee you please ensure your child's name is registered w	· · · · · · · · · · · · · · · · · · ·	
For more information please refer to our Admission & 1	Fee Policy found on our website.	
I/We would like sessions per week on the following	g days:	
I/We accept the criteria listed above and have paid th (601902 13404857 Chevening School Nursery)	e £40 administration fee by bank transfer	
Signed:	Date:	
Do you know if you will be eligible for any funding?		
Universal Entitlement (up to 15hrs a week for all 3&4 y	·	
Working Parent Entitlement (up to 30hrs a week for 2-	4 year olds - certain economic criteria)	

FF2/EYPP (economic and/or other criteria specific)