

**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 for:-

Child's Full Name:

Date of Birth:

Full name, address and relationship of person(s) with whom 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 administration fee. (only refundable if at the point of starting nursery your child takes up a totally free place).
2. Notification of allocation of places will be given a term in advance and the Management Committee will get in touch and allocate the days on which your child may attend.  
On acceptance of a place, a deposit of £50 is payable to hold your place which is deducted from your first fee invoice (or refunded if taking up a totally free place).
3. Extra sessions will be offered to your child as they progress through the nursery if there are spaces available. Session spaces are reviewed annually. One session is either a morning or afternoon.  
1 full day = 2 sessions and we recommend a minimum of 2 sessions split over 2 days per week
4. Allocation of a nursery place does not guarantee your child a place at Chevening Primary School - please ensure your child's name is registered with the Primary School of your choice.
5. For more information please refer to our Admission & Fee Policy found on our website.

I/We would like ..... sessions per week on the following days:

I/We accept the criteria listed above and have paid the £40 administration fee by bank transfer (601902 13404857 Chevening School Nursery)

Signed:

Date:

How did you hear about us? (please circle).

**Sibling      Word of mouth      Church      CIS      Ofsted      Health Visitor      Other**

*Please return to Suzanne Lingard at the above address either by post or email*