



Office use
 Ref No:
 Sept-11
 Dist: _____

Application for St. Georges Dragons Early Years Centre

Child's family name _____ First name _____

D.O.B _____ Girl Boy

Name of Parent(s)\Carer(s) whom child lives with _____

Address _____

_____ Postcode _____

Tel: Day _____ Eve _____

Borough you live within (e.g. Brent, Harrow) _____

Email address _____

Languages spoken _____

Is Child from a Practicing Roman Catholic Family? Yes\No (please circle)
 (Please note you will be required to provide a baptismal certificate)

Does child have sibling at Dragons? Yes\No (please circle)

Does child have sibling at St. Georges School? Yes\No (please circle)

If yes please give, Name _____ Year _____

Locality of parent's place of work: (i.e Wembley, Ealing etc.) _____

Reason for place (E.G. Social, Educational, medical etc) _____



Please see overleaf,

Please circle session required

| AM | Core day | PM | Full time Place | Term-time |
|--------------|----------------|-------|--------------------|---------------------|
| 8.30-12.30am | 9.00am-3.15pm. | 1-5pm | 8am-6pm | please see criteria |

Please indicate which days you require. (Min 2days-per week)

Mon

Tue

Wed

Thurs

Fri

When would you like the sessions to begin? _____

How did you find out about our nursery? _____

We/I the undersigned understand the following:

- Should circumstances change management have the right to review my child's place at the centre.
- I/we agree to full & prompt payment of fees as they are due
- Continued late arrival \ collection of my child, non-attendance and/or arrears of payment could result in the reallocation or loss of my child's place.
- A **£250.00 deposit and registration fee** will be required on **acceptance** of a place. **£50.00** of which is non refundable.
- **Please note the Nursery will not be open until 8.30am on Fridays for Staff meetings**
- Admissions to St.George's Dragons **DOES NOT** guarantee a place at St. George's Catholic Primary School.



ACCEPTANCE OF TERMS AND CONDITIONS

I / We have read and understood the terms and conditions and agree to abide by them on acceptance of a place being offered.

Parents\ carers Signature; _____ Print Name _____

Parents\ carers Signature; _____ Print Name _____

Date: _____

Please complete and return form to:
St George's Dragons
St George's Catholic Primary School
Sudbury Hill
Harrow HA1 3SB
Tel: 020 8423 9846