# Application Form

Please complete the form and electronically return to [hello@puddlelane.org](mailto:hello@puddlelane.org). Alternatively, post to the following address –

Puddle Lane Nursery,

Hillington Park,

Montrose Avenue,

Glasgow

G52 4JR

## **Minimum Hours**

Please note, we ask that children attend Puddle Lane Nursery for, at least, two full days or four sessions per week. Positively, this will enable children to experience a steady routine and form friendships with our team of staff and other children.

## **Public Holidays & In-Service Day**

The Centre is closed for 9 days for Public/Bank Holidays and In-Service Days per year.

# Personal Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of Application |  | | | | |
| Full Name of Child: |  | | | | |
| Date of Birth: |  | Male |  | Female |  |
| Due Date  (expectant Mothers) |  | | | | |
| Address |  | | | | |
| Post Code: |  | | | | |
| Contact Telephone Numbers: |  | | | | |

# Days & Hours of Attendance

Please state your preferred days & times in the table below:

\* Morning/afternoon session 7.30 am-12.30 pm/12.30 pm-5.30 pm all year round.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | | Tuesday | | Wednesday | | Thursday | | Friday | |
| Start | End | Start | End | Start | End | Start | End | Start | End |
| AM (Hrs) |  |  |  |  |  |  |  |  |  |  |
| PM (Hrs) |  |  |  |  |  |  |  |  |  |  |
| Full Day (Hrs) |  |  |  |  |  |  |  |  |  |  |

# Family Contact Details

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/Guardian |  | Parent/Guardian |  |
| Address |  | Address |  |
| Times of Work |  | Times of Work |  |
| Daytime tel. |  | Daytime tel. |  |
| Mobile tel. |  | Mobile tel. |  |
| E-mail |  | E-mail |  |

# Names and ages of other children in family (please list)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Age |  |
| Name |  | Age |  |
| Name |  | Age |  |

# Please state professional agencies involved with your family.

|  |  |  |  |
| --- | --- | --- | --- |
| **Doctors Details** |  | **Health Visitor** |  |
| Practice/Surgery: |  | Practice/Surgery: |  |
| Address: |  | Address: |  |
| Telephone No. |  | Telephone No. |  |

# Additional information in support of the application

|  |
| --- |
|  |

*Further information on how the Company will process personal data is available through our privacy policy:* [*https://puddlelane.org/puddle-lane-privacy-policy/*](https://puddlelane.org/puddle-lane-privacy-policy/)*.*

**Signature of Parent/Guardian:**

**Date:**

# Additional Information

## **Placement Details**

We will do our best to accommodate individual placement requests. Where the preferred option is not available at this time, we will work alongside families to pursue alternate options. If this is not possible, we will add your application to a waiting list.

## **Discount Opportunities**

Please note if you are a staff member of Kibble or a St Mirren FC Season Ticket Holder.