



Roof Top Nursery @Brook
 Brook Community
 Children Centre
 Dalston Lane
 E8 1AL

Roof Top Nursery @Ottaway
 6 Ottaway Street
 London
 E5 8PX

www.rooftop-nursery.com
 info@rooftop-nursery.com

020 7249 2008 (Brook)
 020 8986 2006 (Ottaway)
 07930 380443

Ages 2 years to 5 years

Ages 6 months to 5 years

Roof Top Nursery Application Form

Before filling out this application form, please note the following:

We have two sites, as noted above @Brook and @Ottaway.

Opening Hours

Monday to Friday from 8am to 6pm for 48 weeks in the year.

Fees

Fees will be charged as follows:

	Under 2 Years Old	2 to 3 Years Old	3 to 5 Years Old
Weekly <i>Full Time</i>	£265.00	£253.00	£235.00
Daily <i>Part Time</i>	£65.00	£62.00	£57.50
Hourly <i>Part Time</i>	£10.00	£9.50	£8.50

Nursery Information

Roof Top Nursery @Ottaway welcomes children from the age of 6 month up to the child's 5th birthday.

Roof Top Nursery @Brook welcomes children from the age of 2 years up to the child's 5th birthday

We also provide a wraparound service to children that attend our neighbouring schools.

Nursery Funding for 3 and 4 year olds

A term after your child's third birthday, he/she is entitled to 15 hours a week of free education for 38 weeks of the year. For further information please enquire at the nursery office.

Funding for 2 year olds

Please check the Learning Trust website for more details on how to apply. If you are on low income and eligible for the scheme, then you could be entitled to 15 hours of free childcare a week. If you think you are eligible then please come speak to us so that we can help you register.

Application Form

About the main carer

Title		First name		Surname	
Address				Town	
				Postcode	
Telephone				Telephone	
					(Day) (Evening)
Mobile				Email	
Child's relationship to you					
Nominated carer					
Language spoken at home					

About the child

First name		Surname	
Date of birth		Sex	Male Female Please circle

Does your child have any special needs? If so, please give details

Does your child have any special dietary requirements? If so, please give details

Application Form (continued)

Which days would you like your child to attend?	Preferred site
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	@Brook @Ottaway

Please give us as much information as possible on your childcare needs i.e. are you looking at full time/part time/am /pm/hourly and **when you would like to start**

We pursue an equal opportunities policy. To which ethnic group does the child belong

African Asian Caribbean Turkish UK White UK Black White & Black African
White & Asian Other, please give details

What is your occupation

What is your partners occupation

How did you hear about the nursery

Signed	<input style="width: 300px;" type="text"/>	Date	<input style="width: 300px;" type="text"/>
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Some instructions on how to submit this application form:

Please send your application form

by email: info@rooftop-nursery.com

by post: to your preferred site, addresses are below.

Thank you for taking the time to fill your application form.



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