



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

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

020 8986 2006 (Ottaway)  
07930 380443

# Roof Top Nursery Application Form

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

## Opening Hours

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

## Fees

### 6 Months to 5 Years

Full time  
Daily Rate

£85.00

Hourly  
Part Time

£13.00

## 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. You can also apply for 30 hours free child care if you are eligible by checking your eligibility at: <https://rooftop-nursery.com/help-paying-for-childcare>

## 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 bcome speak to us so that we can help you register. If you think you are eligible then please apply at: [www.hackneylearningtrust.co.uk/free](http://www.hackneylearningtrust.co.uk/free)

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

# 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?					
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	

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 <b>when you would like to start</b>

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	
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What is your partners occupation	
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How did you hear about the nursery	
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Signed		Date	
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### Some instructions on how to submit this application form:

Please send your application form

by email: [info@rooftop-nursery.com](mailto:info@rooftop-nursery.com)

by post: address is below.

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



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Ages 6 months to 5 years