



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](http://www.rooftop-nursery.com)  
[info@rooftop-nursery.com](mailto: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

#### 6 Months to 5 Years

**Weekly**  
*Full Time*

£265.00

**Daily**  
*Part Time*

£65.00

**Hourly**  
*Part Time*

£9.00

### 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. 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 come 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)

# Application Form

## About the main carer

Title		First name		Surname	
Address				Town	
				Postcode	
Telephone				Telephone	
					(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](mailto: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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