



Enrolment Questionnaire

We appreciate if you could take a couple of minutes to complete this questionnaire and send it back to us by email.

Name of the child:

Date of birth:

Name of a parent:

Occupation:

Contact number:

Email address:

When do you wish to start:

Age of child when starting at the Nursery:

Are they on solids or still breast-fed, please tell us more:

Are you entitled for government funding/childcare vouchers?

Preferred timetable:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|----------------------------------|--------|---------|-----------|----------|--------|
| Breakfast Club (8am-9am) | | | | | |
| Morning session (9am- 1pm) | | | | | |
| All day session (9am-4pm) | | | | | |
| Extended hours (4pm-6pm) | | | | | |

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