Streamline Merchant Services

Waiting list form: Larkhill Garrison Nursery

Date of application:

|  |
| --- |
| **Child’s Name:** **DOB:****Female/Male** |
| **Parents’ Names:** |
| **Contact Numbers:****Email:** |
| **Are you a member of a service family? Yes/No** |
| **Type of childcare required?** |
| **Preferred start date:** |

For office use only

|  |  |
| --- | --- |
| Phone call made by: | Date: |
| Phone call made by: | Date: |
| Phone call made by: | Date: |
| Phone call made by: | Date: |

**Space offered and accepted**

Date:

Hours:

Room:

Comments:

**Registered Charity: 1079392**

**Member of PLA**