



CONTRACT WITH PARENTS/CARERS

Little Acorns Nursery

01325 721044 / 07501845191

Parents/Carers Name(s): .....

Parents/Carers Address: .....

.....Postcode:.....

Address of second parent/carer: (If different from above).....

.....

Contact Number(s):1. .... 2.....

Email address:.....

This contract is between **Little Acorns Nursery** and .....the parents/carers  
of ..... (child's full name) ..... (date of birth).

Adults with parental responsibility.....

**Emergency contact 1:** Name .....

Number.....

Relationship to child.....

**Emergency contact 2:** Name .....

Number .....

Relationship to child .....

Other adults who may collect the child from nursery:

1..... 2.....

3..... 4.....

I confirm I agree to abide by the policies of Little Acorns Nursery.

**Doctor's Contact Information:** Surgery .....

GP .....

Phone .....

<sup>22</sup>**Payment of Fees**

These should be paid at the beginning of each month (in advance). Full fees are charged if a child is ill or on holiday. Your child may be refused admittance if fees have not been paid. Notice of one month is required in writing if a child is leaving nursery.

**Hours**

I would like my son/daughter to attend nursery on the following days at the following times.

Please tick relevant boxes below for preferred sessions:

Sessions offered:	Monday	Tuesday	Wednesday	Thursday	Friday
9-12 (3 hours)					
12-3pm (3 hours)					
8-1pm (5 hours)					
1-6pm (5 hours)					
9-3pm (6 hours)					
8-6pm (10 hours)					

Preferred starting date.....

Parents/Carers Signature:.....Date.....

Little Acorns Nursery Representative: .....Date.....