



Bath Area Play Project
www.bapp.org.uk (01225) 832479

REQUEST FOR CRECHE SERVICE

Name of Organisation / Person _____

Address _____

_____ Post Code _____

Contact Telephone Number / Mobile _____

Email _____

INFORMATION REQUIRED

Date Crèche Required _____

Will further crèches be required following this initial session? _____

Times the crèche should open to parents / carers to drop and collect their children

From _____ am / pm To _____ am / pm

Venue for Crèche _____ Room _____

Is the venue accessible? _____ Are there toilets adjacent to the room? _____

Is there provision for drink making? _____ Are there windows below 1.5m? _____

Is there access to outside play space? _____ Is there a carpeted room or space? _____

Is there a room suitable for play with adequate space, tables and chairs etc? _____

Are any sockets and/or heaters covered? _____

What are the expected numbers of children? If you are unsure at this stage, please estimate

Under 2 years of age _____ 2 – 3 years _____ 3 – 5 years _____