



Application Form

Full name of child:		Name usually known by:		
Date of Birth:		Sex:	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl
Address:				
Address:				
Postcode:		Home Phone:		

Mother's Details:				
Mother's name:				
Occupation:		Employer:		
Work phone number:		Mobile phone number:		
Email address:				
Address (if different from child's):				
Address:		Postcode:		

Father's Details:				
Father's name:				
Occupation:		Employer:		
Work phone number:		Mobile phone number:		
Email address:				
Address (if different from child's):				
Address:		Postcode:		

Who has parental responsibility?:				
Name:		Name:		
Are there any contact restrictions (if yes please give details below):	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Details:				

Other Emergency Contacts:				
Name:				
Telephone Number:		Relationship to child:		
Name:				
Name:		Relationship to child:		

Day	Morning			Afternoon			Full Day
Monday	From:		To:		From:	To:	
Tuesday	From:		To:		From:	To:	
Wednesday	From:		To:		From:	To:	
Thursday	From:		To:		From:	To:	
Friday	From:		To:		From:	To:	

Doctor's Details:			
Doctor's name:			
Doctor's address:			
Postcode:		Doctor's phone number:	
Health visitor's name:		Health visitor's phone number:	

Medical Details:
<p>Medical Details Does your child have any medical problems that we should be made aware of? Please give details below:</p>
<p>Allergies Does your child have any allergies that we should be made aware of? Please give details below:</p>
<p>Long Term Medication Is your child on any long term medication that we should be made aware of? Please give details below:</p>
<p>Special Dietary Requirements Does your child have any special dietary requirements? e.g. Vegetarian. Please give details below:</p>

Permissions:		
Do you give the nursery permission to take photographs of your child for development files?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give the nursery permission to take photographs of your child for promotional purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give the nursery permission to use subcream (factor15+)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give the nursery permission to use baby wipes/teething gel/sudocream?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give the nursery permission to administer first aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give the nursery permission to take your child on outings to local shops etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you give the nursery permission to administer paracetamol suspension if needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature: Date:

Collection Arrangements			
Who is authorised to collect your child from nursery other than parents? Your child will only be allowed to leave nursery with people listed here. Any changes to this information should be made in writing to the Nursery Manager.			
Name:	<input type="text"/>	Relationship to child:	<input type="text"/>
Name:	<input type="text"/>	Relationship to child:	<input type="text"/>
Name:	<input type="text"/>	Relationship to child:	<input type="text"/>
As an extra precaution you may use a password. Anyone collecting your child should be made aware of this.			
Password:	<input type="text"/>		

Child's Background			
Child's Religion:	<input type="text"/>	Child's Ethnic Group:	<input type="text"/>
What is the first language spoken at home?:	<input type="text"/>		
Is there any other language spoken at home?:	<input type="text"/>		

I understand and acknowledge that the fee due for my child's nursery place is to be paid per calendar month and is paid one month in advance, directly into the bank and none refundable in case of absence. I further agree to give one month's notice or payment in lieu of notice if I wish to withdraw my child from the nursery. I understand that failure to pay said fees may result in loss of childcare provision.

Signature: Date: