

Application form for Nursery



Child's details

Child's full name	
Male /Female	
Child's date of birth	
Position in the family	
Address	
Post code	
Ethnic origin	
Religion	
Language spoken at home	

Sibling at nursery at present.....

Parent/carer details

Mother's details		Father's details	
Name		Name	
D.O.B		D.O.B	
Address		Address	
Post code		Post code	
Home number		Home number	
Work number		Work number	
Mobile number		Mobile number	
email		email	
Place of work		Place of work	
Profession		Profession	

Who has parental responsibility for the child

Medical details

Name of surgery where child's registered	
Address of surgery	
Telephone no	
Health visitor's name	
Health visitor	
Social worker name and phone number	
Any continuous medication?	
Any dietary requirements	
Any known allergies?	
Any known special needs	
If yes what agency are involved in the process	

Which of the following categories do you consider that you belong to? (Please tick)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Asian - British | <input type="checkbox"/> Indian | <input type="checkbox"/> Black - African | <input type="checkbox"/> White - African |
| <input type="checkbox"/> Black - British | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Caribbean | <input type="checkbox"/> White |
| <input type="checkbox"/> White - British | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Black - Other | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Mixed - British | <input type="checkbox"/> Chinese | <input type="checkbox"/> | <input type="checkbox"/> Mixed |
| <input type="checkbox"/> Any other Asian ethnic identity:
<i>(please give details)</i> | <input type="checkbox"/> Any other black ethnic identity:
<i>(please give details)</i> | <input type="checkbox"/> Any other white ethnic identity:
<i>(please give details)</i> | <input type="checkbox"/> Any other ethnic identity:
<i>(please give details)</i> |

EMERGENCY CONTACT LIST (if parents are unable to collect their child)

Name
Address
Home Phone Number
Mobile Number
Work Telephone Number
Relationship to child

Name
Address
Home Phone Number
Mobile Number
Work Telephone Number
Relationship to child

EMERGENCY CONTACT LIST (if parents are unable to collect their child)

Name
Address
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Mobile Number
Work Telephone Number
Relationship to child

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Address
Home Phone Number
Mobile Number
Work Telephone Number
Relationship to child

Password provided if parent enable to collect the child_____

First-Aid Consent:

I give/I do not give permission for my child..... to receive emergency first-aid treatment if required and to summon further help where necessary. I understand that any first-aid treatment, would only be carried out by a qualified first-aider.

Outing consent

I give/ I do not give permission for my child..... to be taken out on local outings (please note any large outings, a separate consent form will be issued).

Photo Consent

I give/ I do not give permission for my child..... to be taken photos of him/her which will only be used in educational purpose

Media Consent

I give/I do not give permission for my child's photo to be used on the nursery website

Sudocrem /Calpol consent

I give/I do not give permission for staff to use sudocrem if need it for my child

I give/ I do not give permission for staff to administrate Calpol if my child starts to develop temperature while in the nursery.

I took note on the fact that staff will contact me before they will administrate the dose of Calpol.

**PLEASE NOTE: STAFF ARE ONLY ALLOWED TO ADMINISTER MEDICATION TO CHILDREN IN AN EMERGENCY SITUATION (developing high temperature while in the nursery)
ALL STAFF HAS PAEDIATRIC FIRST AID TRAINING.**

PAYMENT

Deposit paid _____ Registration fees: _____

If your child is doing 15/30 hours funded you will be required to pay £2.00/per half session or £4.50 for a full day. Payments should be made at beginning of each week

If your child attends full time/part time the fees will be calculated as it follows: no of days x full day charge x52(weeks per year) :12 (months of year)

0-2 years	£65.00 full day charge	£40.00 charge	half day	£200/week-half days	£270.00/week-full days
2-3 years	£60.00 full day charge	£38.00 charge	half day	£190.00/week-half days	£260.00/week-full days
3-5 years	£55.00 full day charge	£35.00 charge	half day	£175.00/week-half days	£240.00/week-full days

Please tick days you would like your child to attend nursery

	Monday	Tuesday	Wednesday	Thursday	Friday
8.00 – 1.00					
1.00 – 6.00					
8.00 – 6.00					
8.00 – 2.00 (30h)					
12.00 – 6.00 (30h)					
7.5 h in 2 days for 15 h					

As part of our admission policy all parents are required to read/view policies and procedures manual and sign and return parental agreement

Signed:	Date
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Parents/Guardian signature.....

For Office use only: Place offered Yes/No Date starting.....

Funded/Full time.....Room.....

Nursery Manager's signature.....

