



## APPLICATION FORM

Please complete as fully and accurately as possible.

### Child's details:

Surname:	
Forenames:	Mother's name
Known as:	Occupation:
Address:	Place of work:
	Work number:
	Mobile:
	Email address:
	Father's name:
Post code:	Occupation:
Home phone number:	Place of work:
D.O.B or E.D.D: / /	Work number:
Male/Female	Mobile:
Religion:	Child's Ethnicity:(optional )
Language Spoken:	Email address:
Mother's Car Registration: (car pass)	Father's Car Registration: (car pass)
I live with Mum/Dad/Mum and Dad/Other (please state)	

Please give at least one local contact that can be used in the event of an emergency, should both Parents be unavailable.

Phone number:	Phone number:
Name of contact:	Name of contact:
Address:	Address:
Relevant info:	

### Medical information:

Doctor's name:	
Address:	
Phone number:	
Health visitor:	
Address:	
Phone number:	
Immunisations:	
Did/will your child have the MMR	Yes/No/Undecided



vaccination ?	
Allergies including severity:	
Dietary Requirements including intolerances:	
Does your child have any medical conditions of which the nursery should	
Be aware of? <b>YES/NO</b> Please give details:	

**B**ooking requirements:

Requested start date: / /

Days required (Please tick)	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Full Day</b>					
<b>AM only</b>					
<b>PM only</b>					

Do you have any flexibility in the days? YES/NO/WOULD LIKE TO DISCUSS

**A**dditional information:

Where did you learn about us?
Any other information you feel we should be aware of:

**PARENTS DECLARATION**

PLEASE TICK EACH BOX OR YOUR APPLICATION MAY BE RETURNED

- I/WE** have read Little Harriers current terms and conditions and agree to abide by them. Any changes that are made will be brought to my attention.
- I/WE** enclose £30 **cheque/cash** for the required, non-refundable, registration fee.
- I/WE** realise that there is no refund for absence due to sickness or holidays and that one month's notice is required, or one month's



fees payable, for all children leaving the nursery and any decrease in days attended.

- I/WE** accept that, in the event that **I/We** are unlikely to arrive at the nursery before 6pm/1pm, **I/We** will notify the nursery of expected time of arrival, and, that nursery staff are compensated. Late pick up charges are £1 per minute after 6pm. There are no exceptions to this regardless of circumstances.

**Signed**.....

**Signed**.....

**Date**.....

FOR OFFICE USE ONLY

TASK	SIGN	DATE
Confirmation letter		
Receipt		
Childsplay		
Pre-Visits		
File		
Birth Cert/Passport		
Imm's Record		
Manager liason		
Invoice		