



# APPLICATION FORM

Please complete as fully and accurately as possible.

*child's details:*

I would like my child to attend (please circle):		Cranleigh	Lavant
Surname:			
Forenames:		Parent/Carer 1:	
Known as:		Occupation:	
Address:		Place of work:	
		Work number:	
		Mobile:	
		Email address:	
		Parent/Carer 2:	
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:	
Parent/Carer 1 Registration:(car pass)		Parent/Carer 2 Registration:(car pass)	
Person(s) with whom the child lives:			
Person(s) with legal responsibility:			
Does/has your child experienced language delay?			YES / NO
Are you or your child currently under any external agencies?			YES / NO
Is there an EHA (Early Help Assessment) in place for your child?			YES / NO
Has your child ever attended any other Early Years settings?			YES / NO
- If YES, please state which one(s):			

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:
Relationship to child:	Relationship to child:
Address:	Address:
Post code:	Post code:

Relevant info:
----------------



*Medical information:*

Doctor's name:	
Address:	
Phone number:	
Health visitor:	
Address:	
Phone number:	
Immunisations:	
Did/will your child have the MMR vaccination?	Yes/No/Undecided
Allergies including severity:	
Dietary Requirements including intolerances:	
Does your child have any medical conditions of which the nursery should be made aware?	YES/NO
Please give details:	

*Booking Requirements:*

Requested start date:     /     /

Days Required (Please tick)	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day					
AM Only					
PM Only					

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

*Additional 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 £50 **cash/made an online bank transfer** to Little Harriers Ltd. Account number 01881973 Sort code 40-24-33 with the reference of Regfee(Childsname) 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.
  
- I / we understand that the information provided on this form will be held electronically.

Signed..... Signed.....  
 Date..... Date.....

FOR OFFICE USE ONLY:

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