



APPLICATION FORM

TASK	SIGN	DATE
Reg fee paid		
Confirmation Letter		
INM System		
Pre-Visits		
File		

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):			

Emergency Contact Information:

Please give at least two 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:	

Medical Information:

Requested start date: / /

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

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

Will your child be attending term time only*? YES / NO / WOULD LIKE TO DISCUSS

** Parent/Carer 1 and/or Parent/Carer 2 must work in an educational establishment.*

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 are aware we will be invoiced £150 for the registration fee. We will then receive a second invoice prior to my child settling sessions at Little Harriers for the cost of 2 half day sessions.

- 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 realise that, in the event that I / We are unlikely to arrive at nursery before 6pm, 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 circumstance.

- I / we understand that the information provided on this form will be held electronically.

- I / we give permission for you to contact our previous setting, in regard to our child.

- I / we are aware that Little Harriers increase their fees on an annual basis Cranleigh: September and Lavant: January.

Signed..... Signed.....

Date..... Date.....