



swood, TF1 2EP

1. Full Name of Child.....
 Date of Birth Gender Male or Female (please circle)
 Telephone
 Address
 Postcode

2. Parent 1
 Parent 1 Employer.....
 Telephone
 Address (Home).....
 Does this parent have parental responsibility yes/no (please delete)
 Email address.....

3. Parent 2.....
 Parent 2 Employer.....
 Telephone
 Address (Home).....
 Does this parent have parental responsibility yes/no (please delete)
 Email address.....

4. Sibling(s) Name
 1..... D.O.B.....
 2..... D.O.B.....

5. Please provide a telephone number(s) where a friend / relative, can be contacted during nursery hours and indicate whose number(s) you have given for emergency use only.
 Name &
 Telephone.....
 Name & Telephone.....

6. If place required
 Please indicate the days / sessions you will require each week with the time you will normally bring your child and the time you will normally collect your child from nursery.
 Monday.....
 Tuesday.....
 Wednesday.....
 Thursday.....
 Friday.....

7. Name of Child's Doctor.....
 Address (practice).....
 Telephone.....

8. Name and Contact number of Health Visitor.....

9. Details of all injections / immunisations already received by your child.....

10. Please give details of any allergies or special needs.....

11. Please indicate if your child should not be given certain food / drinks on the following grounds:

(a) Medical - Please give details.....

(b) Religious - Please give details.....

12. Child's First Language 2nd Language.....

13. Child's Ethnicity Religion.....

14. Is there anything else you think we should know about your child? YES / No (please delete)

If Yes, please give details:.....

I wish to apply for admission of the above named child to ABC Day Nursery
I have received and read the Regulations of the nursery and Terms and Conditions for the supply of Childcare and agree to comply with them and any other conditions which may be required in the future.

Signed _____ Date _____

Date I wish my child to start at the nursery _____

