

Start date:

Session:



You are required to fill out this form for a place for your child. Parents/Carers are advised to read the Terms and Conditions and sign the agreement. Payments may be made by bank transfer or cash. Please note that this does not guarantee a place for your child and if the days you request are not available, you will be placed onto our waiting list.

Child's Details		
First name:	Last Name:	D.O.B.:
Religion:	Nationality:	First Language:
Address Details		
Parent/Carer's details		
Full name:		
Address:		Post Code:
Contact Numbers		
Home:	Mobile:	
	Email:	
Business Address:		
Business Telephone Number		
Direct Line:	Mobile:	
Parent / Carer 2 - Details		
Full Name:	Address:	
Contact details:		
Home:		
Mobile:		
Email:	Post Code:	
Business Address:		

Business Telephone Number	
Direct Line:	Mobile:
Specific Dietary Needs/Food or Drink Allergies	
Are there any foods/drinks that your child may not have for the following reasons, i.e. religious, allergy, medical or other, e.g., vegetarian, non-dairy, diabetic (Type 1 and Type 2)	If Yes - please specify

Medical/Ilness	
Any serious illness/condition? (Inhaler, etc)	If yes, please specify Symptoms/ Medication/Treatment required:
Any skin allergies/conditions? i.e. eczema	If yes, please specify Symptoms/ Medication/Treatment required:
Any medication allergies?	If yes, please specify
Any special education needs/disabilities? i.e. speech therapy, occupational therapy or other	If yes, please specify
Immunisations Is your child up to date with these?	Please provide details of those received:

Has your child had any childhood infectious disease e.g. Chicken Pox?	If yes, please specify
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External Contacts	
G.P Name:	Telephone No: STD ()
Health Visitor:	Telephone No: STD ()
Dentist	Telephone No: STD ()

Emergency Contacts - Details of two alternative people who we may contact in an emergency if we are unable to contact with you.	
Full name including title	Home/work telephone no including STD code:
Relationship to child:	Mobile no:
Full name including title	Home/work telephone no including STD code:
Relationship to child:	Mobile no:

Consent
<p>The following consents given by you, the parent/carer, remain valid until your child's attendance with Little Wonders Nursery has been terminated in writing or you have otherwise indicated by written amendment which must be dated and signed.</p> <p>*Please read each section and delete as appropriate. Your signature is also required against each consent statement to confirm that this is your wish.</p>

Face Painting.	
<p>I hereby give/do not give* permission for my child to have their face painted as part of activities on fun days.</p>	Signature:

Sun Protection Cream	
I hereby give/do not give* permission for my child to have sun protection applied.	Signature:

Outings	
I hereby give/do not give* permission for my child to travel on public transport (with a staff member of the nursery).	Signature:
I hereby give/do not give* permission for my child to participate on short/nature walks supervised by nursery staff in the vicinity of the nursery.	Signature:

Nominated persons whom may collect your child	
Please provide details of people whom you give your consent to, to collect your child, other than yourselves along with a password that they are to use. On the days when you will not be collecting your child it is extremely important that you provide the nursery staff with the name of one of the following people who you have given permission to do so.	
Full name including title:	Home telephone no:
Relationship to child:	Mobile no:
Full name including title:	Home telephone no:
Relationship to child:	Mobile no:
Allocated Password:	

Photos/Artwork	
I hereby give/do not give* permission for my child's photograph , as specified by the Manager, to be used/displayed within the nursery.	Signature:
I hereby give/do not give* permission for my child's artwork , as specified by the Manager, to be used/displayed within the nursery.	Signature:
I hereby give/do not give* permission for my child's photograph , as specified by the Manager, to be used/displayed for promotional material belonging to Little Wonders Nursery i.e. Website, Prospectus, Nursery Newsletters and other publications.	Signature:

Any other information you feel we should know about your child?

Ethnicity			
White - British		Mixed - White and Black Caribbean	
White - Irish		Mixed - White and Black African	
Any other White background		Mixed - White and Asian	
		Any other Mixed background	
Asian or Asian British - Indian			
Asian or Asian British - Pakistani		Black or Black British - Caribbean	
Asian or Asian British - Bangladeshi		Black or Black British - African	
Any other Asian background		Any other Black background	
Chinese			
Any other Ethnic Group			

Parent/Carer Declaration - In registering my child, at Little Wonders Nursery, I have read, understood and agree to abide by all the Terms & Conditions (January 2015) laid down by the Nursery.

Parent/Carer (1) Signature:

Date:

Parent/Carer (2) Signature:

Date:

Data Protection: In compliance with the current UK Data Protection Legislation, any information you provide to us will be kept confidential and will not be disclosed to any external sources without your prior consent.

NURSERY USE ONLY							
Instruction							
Application date:		Date:					
Commencement date agreed with Parent/Carer as		Date:					
Introductory/Settling In Sessions agreed with Parent/Carer		Date(s) and Times					
		Date	Mon	Tues	Wed	Thurs	Fri
		Select session	AM		PM		
Private/Funded		Full days 1 2 3 4 5					
Nursery Team informed and Key Person assigned		Date:					
Cook informed of specific dietary requirements if applicable		Date:					
Child Development Folder Prepared		Date:					

Enrolment fee of received: Cash <input type="checkbox"/> Bank <input type="checkbox"/> Date:.....

Original Birth Certificate Seen <i>(staff initials)</i>	Birth Certificate number
Child's Date of Birth Verified <i>(DD/MM/YYYY)</i>	Details recorded by: <i>(staff member signature)</i>
Passport number	Evidence of proof of address

