



NURSERY APPLICATION FORM

CHILD'S FIRST NAME:
FAMILY NAME:

D.O.B:

GENDER:

ETHNIC BACKGROUND:

FIRST LANGUAGE:

OTHER LANGUAGES SPOKEN?

UNDERSTOOD?

RELIGION:

HOUSE NUMBER/NAME:

ADDRESS LINE 1:

ADDRESS LINE 2:

TOWN:

POST CODE:

TELEPHONE:

NAME OF PARENT/CARER 1

PARENTAL RESPONSIBILITY? YES/NO

MOBILE NUMBER:

OCCUPATION:

WORK ADDRESS:

WORK TEL NUMBER:

EMAIL:

NAME OF PARENT/CARER 2

PARENTAL RESPONSIBILITY? YES/ NO

MOBILE NUMBER:

OCCUPATION:

WORK ADDRESS:

WORK TEL NUMBER:

EMAIL



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EMERGENCY CONTACT 1:
RELATIONSHIP TO CHILD?
NAME:
TELEPHONE:

EMERGENCY CONTACT 2:
RELATIONSHIP TO CHILD?
NAME:
TELEPHONE:

EMERGENCY CONTACT 3:
RELATIONSHIP TO CHILD?
NAME:
TELEPHONE:

DOCTORS NAME:

PRACTICE ADDRESS:

TELEPHONE:

HEALTH VISITORS NAME:

TELEPHONE:

DOES YOUR CHILD HAVE ANY ALLERGIES?

IS YOUR CHILD RECEIVING ANY MEDICAL TREATMENT?

IS YOUR CHILD TAKING ANY MEDICATION?

HAS YOUR CHILD BEEN IMMUNISED AGAINST THE FOLLOWING:

TETANUS MEASLES RUBELLA MUMPS

DOES YOUR CHILD HAVE ANY SPECIAL EDUCATIONAL NEEDS?

IS THERE ANYTHING ELSE WE SHOULD BE AWARE OF?



NURSERY APPLICATION FORM

PLEASE TICK IN THE RELEVANT BOXES TO INDICATE THE SESSIONS REQUIRED

	MORNING SESSION (7.30 – 12.30)	AFTERNOON SESSION (1.00 –6.00)	FULL DAY (7.30 – 6.00)	PRE-SCHOOL AM	PRE-SCHOOL PM
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					

NURSERY START DATE:

TERMS AND CONDITIONS

- ALL FEES ARE DUE IN **ADVANCE** OF SESSIONS. THE PREFERRED METHOD OF PAYMENT IS MONTHLY STANDING ORDER. WEEKLY CASH PAYMENTS AT THE DISCRETION OF THE NURSERY MANAGER ONLY.
- ALL LATE PAYMENTS WILL INCUR A LATE FEE SURCHARGE.
- A NON REFUNDABLE REGISTRATION FEE OF £30 IS REQUIRED TO SECURE A NURSERY PLACE
- THE EQUIVALENT OF 2 WEEKS FEES (OR £100 MINIMUM) IS REQUIRED AS A HOLDING DEPOSIT. THIS WILL BE REFUNDED IN FULL IF 4 WEEKS NOTICE OF CANCELLATION OF NURSERY PLACE IS GIVEN.
- FEES ARE CALCULATED FOR 50 WEEKS AND DIVIDED INTO 12 EQUAL MONTHLY PAYMENTS
- EXTRA TIME (INCLUDING LATE COLLECTIONS) WILL BE CHARGED IN 30 MINUTE INCREMENTS AT THE HOURLY RATE AND INVOICED FOR IMMEDIATE PAYMENT.

I/WE HAVE READ AND AGREED WITH THE ABOVE TERMS AND CONDITIONS

PARENT/CARER NAME.....

SIGNATURE.....

DATE.....

FOR OFFICE USE ONLY	
ABOVE SESSIONS CONFIRMED:	
REGISTRATION FEE PAID: £	DATE PAID:
DEPOSIT AMOUNT: £	DATE PAID:
TOTAL AMOUNT RECEIVED: £	
DATE REFUNDED:	
MANAGERS SIGNATURE:	



Please delete as necessary

NURSERY APPLICATION FORM

PERMISSION DETAILS FOR.....

I HEREBY ***GIVE/DO NOT GIVE** PERMISSION FOR FIRST STEPS NURSERY STAFF TO ADMINISTER THE RECOMMENDED DOSE OF **PARACETOMOL SUSPENSION** TO MY CHILD SHOULD HE/SHE BE IN PAIN OR HAVE A HIGH TEMPERATURE WHILST IN THEIR CARE.(APPLIES TO MEDICINE THAT HAS BEEN PRESCRIBED BY A DOCTOR FOR THAT CHILD ONLY AND MUST BE NAMED).

I HEREBY ***GIVE/DO NOT GIVE** PERMISSION FOR PHOTOGRAPHS OF MY CHILD TO BE TAKEN & DISPLAYED IN THE NURSERY

I HEREBY ***GIVE/DO NOT GIVE** PERMISSION FOR PHOTOGRAPHS OF MY CHILD TO BE USED FOR PROMOTIONAL PURPOSES.

I HEREBY ***GIVE/DO NOT GIVE** PERMISSION FOR MY CHILD TO BE TAKEN OFF THE NURSERY PREMISES WITH THE CORRECT ADULT/CHILD RATIO FOR SUCH THINGS AS LOCAL WALKS AND TRIPS.

I HEREBY ***GIVE/DO NOT GIVE** PERMISSION FOR FIRST STEPS STAFF TRAINED IN FIRST AID TO GIVE EMERGENCY FIRST AID TREATMENT SHOULD IT BE REQUIRED. I UNDERSTAND THAT IN THE EVENT OF A MEDICAL EMERGENCY, CARE OF THE CHILD WILL BE TRANSFERRED TO MEDICAL PERSONNEL WHO WILL DECIDE ON APPROPRIATE EMERGENCY TREATMENT. IF I REFUSE THIS PERMISSION I WILL SUPPLY IN WRITING THE PROCEDURE I WISH TO BE FOLLOWED IN THE EVENT OF SUCH AN EMERGENCY.

I HEREBY ***GIVE/DO NOT GIVE** PERMISSION FOR NURSERY STAFF TO APPLY SUN CREAM TO MY CHILD IN THE EVENT OF HOT SUNNY WEATHER.

I HEREBY ***GIVE/DO NOT GIVE** PERMISSION FOR NURSERY STAFF TO CUT MY CHILD'S NAILS IN THE EVENT OF THEM BECOMING SHARP AND DANGEROUS WHILST AT NURSERY.

I HEREBY ***GIVE/DO NOT GIVE** PERMISSION FOR NURSERY STAFF TO BATH MY CHILD IN THE EVENT OF ALL OVER SOILING/SICKNESS ETC.

I HEREBY ***GIVE/DO NOT GIVE** PERMISSION FOR NURSERY STAFF TO APPLY A PLASTER TO MY CHILD'S SKIN.

I HEREBY ***GIVE/DO NOT GIVE** PERMISSION FOR NURSERY STAFF TO APPLY NAPPY CREAM TO MY CHILD'S SKIN.

I HEREBY ***GIVE/DO NOT GIVE** PERMISSION FOR NURSERY STAFF TO APPLY TEETHING GEL TO MY CHILD'S GUMS.

I HEREBY ***GIVE/DO NOT GIVE** PERMISSION FOR MY CHILD TO HAVE THEIR FACE PAINTED.

I HEREBY ***GIVE/DO NOT GIVE** PERMISSION FOR A MEMBER OF STAFF, WHEN NECESSARY TO HELP MY CHILD CLEAN THEMSELVES AFTER USING THE TOILET.

PARENT/CARER NAME..... **DATED:**.....

SIGNATURE.....