

APPLETREE NURSERY APPLICATION FORM

Please bring your Child's Birth Certificate to your Admission Meeting and inform us of any Nursery Grants you currently receive (if any). We need to know as this may affect your funding eligibility with us.

YOUR CHILD			
Child's Name:			
Date of Birth:		Religion:	
Ethnic Origin:		Language Spoken at Home:	
Siblings:			
Is this your Child's first time away from home?	Y or N		
If NO, please give details of previous settings – location, last session etc.			
If your child has a soother, blanket or comforter please detail here.			
Detail any relevant information, which would help us enable your child to feel happy and secure at Nursery.			
PARENT/GUARDIAN DETAILS			
Name:		Name:	
Relationship to Child:		Relationship to Child:	
Address:			
Post Code:		Post Code:	
Home Tel:		Home Tel:	
Mobile Tel:		Mobile Tel:	
Work Tel:		Work Tel:	
E-mail:		E-mail:	
Parental Responsibility:	Y or N	Parental Responsibility:	Y or N
Detail anyone else with Parental Responsibility:			
ADDITIONAL EMERGENCY CONTACTS			
EC 1 Name:		EC 2 Name:	
Relationship to Child:		Relationship to Child:	
Address:			
Post Code:		Post Code:	
Home Tel:		Home Tel:	
Mobile Tel:		Mobile Tel:	
Additional people (over the age of 16) who will be collecting your Child. Please note, staff must be informed if anyone other than the parent is collecting the child and your child's security number must be given to staff.			
MEDICAL INFORMATION ABOUT YOUR CHILD			
Doctor's Name:		Health Visitor's Name:	
Tel:		Tel:	
What injections has your child had?			
Are these up to date?	Y or N		
Any serious illnesses/medical conditions, recent hospitalisation, allergies, disability, prescribed medication, behaviours, dietary needs, personal needs etc. Will your child need any particular help from Nursery staff?			

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Does your Child have any special educational needs?	Y or N
If YES, please detail their stage:	
Detail the name and contact details of any other professional working with your family e.g. Support Worker, Social Worker, Hospital etc.	

PERMISSIONS – Please mark YES or NO

I give permission for the Nursery to take my Child on short walks.	
I give permission for the Nursery to take photographs of my Child.	
I give permission for the Nursery to paint my Child's face.	
I give permission for the Nursery to take any necessary medical action.	
I give permission for the Nursery to apply sun screen I have provided.	

NURSERY CONTRACT

- A fee is payable for booked Nursery sessions unless covered by Free Early Learning Entitlement.
- The booked sessions must be paid irrespective of whether your Child is present or not i.e. through illness.
- Children must be collected a minimum of 5 minutes before the end of their session. In all instances the nursery must be notified if you will be late. Late fees may apply.
- Appletree fees are reviewed periodically and are subject to change at one months' notice by the Manager.
- A notice period of 4 weeks is required should you wish to amend or cancel your Nursery place. This will give us sufficient time to reallocate sessions and prepare your final bill.
- If Appletree receives no notification of why a Child is absent for two consecutive weeks then we reserve the right to cancel the place. Full payment will be required.
- The Nursery will be closed on Bank Holidays and for a period of time over Christmas (dates will be displayed).
- Parent/Carer must supply and keep up to date all information supplied on this form.
- Parent/Carer must notify the staff of all medical conditions and relevant medical history.
- Parent/Carer must notify the Manager or Key-Worker of prescribed drugs and sign the necessary form consenting to its administration.
- Parent/Carer must refer to the Illness/Communicable Disease List supplied and adhere to the minimum periods of exclusion from Nursery. If a child is prescribed antibiotics they will not be allowed to return to Nursery for 48 hours.

DECLARATION

I declare that:

- All the information provided in this form is correct
- I have provided the necessary permissions
- I understand and agree to the terms detailed in the contract above and associated policies which have been provided in my Application Pack.

	PARENT/GUARDIAN 1	PARENT/GUARDIAN 2
Print Name:		
Sign Name:		
Date:		