

APPLICATION FORM

(All information is treated as confidential and some details are stored on computer for Oaks Nursery administrative purposes only).

Child's Full Name: _____ Known As: _____

Date of Birth: _____ Address: _____

_____ Postcode: _____

Email address: _____ Home Telephone: _____

Parent/Carer Name(s): _____ / _____

Occupation: _____ / _____

Telephone: _____ / _____

EMERGENCY CONTACT (please ensure this is kept up-to-date): _____

Legal contact: Who has Parental Responsibility? _____

Where does the child live? _____

Doctor's Name: _____ Telephone No: _____

Address: _____

Health Requirements: _____ Any Regular Medication? _____

_____ (If Yes, please complete and sign a consent form)

Immunisations: _____

Denomination: _____ Ethnic Origin/Primary Language: _____

Previous/Additional Pre-School Provision: _____

Other Information (including allergies / dietary requirements): _____

Do you require a Free for 2 place (subject to availability)?: _____

IMPORTANT:

Six weeks notice is required for any changes to or termination of a child's sessions. Failure to give adequate notice to the manager of The Oaks Nursery will result in charges being made to recover lost income and administrative expenses. In the event of the cancellation of a place or absence from sessions, it is our policy that no fees are refundable nor are any sessions owed in lieu of those missed.

- I/We will notify staff of any changes to the above details as soon as possible.
- In an emergency, I/We give consent for our child to receive any necessary medical treatment in the event that I/we cannot be contacted.
- I enclose a £30 non-refundable deposit (non-funded children).

Signed _____ Dated _____

Please indicate your session preference(s) on the reverse.

Important Notes Regarding Session Preferences

Our minimum age is **2 years 6 months** and the latest month for starting, if any places can be allocated, is April. **Morning** sessions are primarily for children aged **three years and above**. For ease of settling and the wellbeing of the child, each child must attend a minimum of two sessions per week. Where a child is only to attend for two sessions these sessions must be taken on two separate days. Please call the manager if you have any further queries.

From:

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|-----------|--------|---------|-----------|----------|--------|
| MORNING | | | | | |
| AFTERNOON | | | | | |

From:

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|-----------|--------|---------|-----------|----------|--------|
| MORNING | | | | | |
| AFTERNOON | | | | | |

Every effort will be made to accommodate your request, but in the event of a waiting list for sessions, priority will be given to those already attending the nursery.

Deposit Received: _____

Confirmed Form: _____

Letters Sent: _____

Start Date: _____

Birth Certificate Seen / Number: _____