

## Child Application Form for Nursery

### **Child Information**

Child's Name: \_\_\_\_\_ Boy / Girl

Child's Date of Birth: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

### **Parent / Carer Information**

Parent/Carer 1 (Name & address): \_\_\_\_\_

Mobile Number/s: \_\_\_\_\_

Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_ National Insurance: \_\_\_\_\_

Parent/Carer 2 (Name & address): \_\_\_\_\_

Phone Number/s: \_\_\_\_\_

Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_ National Insurance: \_\_\_\_\_

Which parent has responsibility: Mum / Dad / Both

(If one parent, please state and give evidence of this i.e. court letter) \_\_\_\_\_

Please tick this box if you are interested in receiving the Nursery welcome pack via email.

**Emergency Contact Information**

Emergency Contact & phone number (Not parent) (1<sup>st</sup>):

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Emergency Contact & phone number (Not Parent) (2<sup>nd</sup>):

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Allergy Information**

Does the child have any allergies (e.g. Nut allergies) that you are aware of: Yes / No

If Yes, please supply comprehensive details of any allergies that your child has, including any treatment required should your child accidentally come into contact with the substance or food:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Dietary Information**

Does the child have any special Dietary requirements?

\_\_\_\_\_  
\_\_\_\_\_

Please supply details of any foods or drinks that you DO NOT wish your child to have at Nursery:

\_\_\_\_\_

**Other Information**

Names & Date of birth of other children: \_\_\_\_\_

Did they attend the Nursery School?: \_\_\_\_\_

Health Visitor: \_\_\_\_\_

Pre-Nursery experiences, e.g. at home/childminder/playgroup: \_\_\_\_\_

\_\_\_\_\_

What language(s) does your child hear at home?: \_\_\_\_\_

It would help us to know if your child is, or has been receiving support from (Please circle):

Speech & Language Therapy      Child Development Centre      Portage

Medical Professional      Family Centre

Other: \_\_\_\_\_

Is the child on any medication?

Yes / No

If Yes, please state medication and comprehensive details:

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In the event of accident/emergency, Do we, Olive Tree Nursery, Have permission to take the child to Hospital if needed?

Yes / No

Do we, Olive Tree Nursery, Have permission to take the child on short walks?

Yes / No

Is there anything else we should know? (Such as fears or anxieties) \_\_\_\_\_

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**Declaration**

**The information supplied in this application form is accurate to the best of my knowledge.**

Signed ..... Date .....

# Olive Tree Nursery

**Olive Tree Nursery offers free nursery education for 2-5 year olds, Mornings (8.45 –11.45) or Afternoons (12.15 – 3.15) term time only.**

Where did you hear about us?\*

*\*Please tick relevant boxes*

Leaflet

Asian Image Newspaper

Lancashire Telegraph

Radio

Word of Mouth

Bus Shelter Advertisement

Other: \_\_\_\_\_

Are you able to accept a morning or an afternoon place? \_\_\_\_\_

If not, please state your preference (Please Circle):      Morning      Afternoon

*(Although we will endeavour to give you your preference, you may only be offered a place in the only available session)*

We will do our best to offer you the sessions of your choice. If you are applying for a free Nursery place we will usually contact you 6 months before your child is due to start at the Nursery.

Please contact us if you have any questions or if your details change.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_