

Child Application Form for Nursery

Child Information

Child's First Name: _____ Middle Name: _____ Surname Name: _____

Boy / Girl (*please circle one*) Child's Date of Birth: _____

Child's Address: _____

Post Code: _____

Home Phone Number: _____

Ethnicity: _____

Parent / Carer Information

Parent/Carer 1 (Name & address): _____

Mobile Number/s: _____

Email Address: _____

DOB*: _____ National Insurance*: _____

(Needed to apply for your child's funding)

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) _____

Emergency Contact Information (Mandatory)

Emergency Contact & phone number (Not parent) (1st):

Name: _____ Contact Number: _____

Emergency Contact & phone number (Not Parent) (2nd):

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?: _____

Does your child have any additional needs? _____

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:

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 and trips?

Yes / No

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

Declaration

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

Signed Date

There is a one off £10 registration fee for all new applicants. Please pay this fee to the manager when you hand the application back to the office.

Olive Tree Nursery

Olive Tree Nursery offers free nursery education for 2-5 year olds, Mornings (8.45 – 11.45) or Afternoons (12.30 – 3.30) 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

☐ Banner outside Nursery

Other: _____

Are you able to accept a morning **or** an afternoon place? _____

When would you like your child to start? _____

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 1 month 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: _____