

BIRDHURST DAY NURSERY AND BABY UNIT



APPLICATION FORM

I would like my child to attend Birdhurst Day Nursery or Baby Unit based at 40, South Park Hill Road, South Croydon, CR2 7YB and share the following information.

I understand all the information given will be treated as confidential so the Nursery or Baby Unit can provide the best possible care for my child.

I wish my child to start on and attend the Nursery or Baby Unit on:

Monday Tuesday Wednesday Thursday Friday

***Returning this application form does not guarantee a place for your child.
You will receive written confirmation when we have a place available***

Child's surname:.....

First Names:

Date of Birth:

Address:.....

.....

Post Code:.....

Tel No:

DROP OFF/COLLECTION OF YOUR CHILD FROM THE NURSERY OR BABY UNIT

Who will regularly drop off your child?

Name:.....

Tel No

Who will regularly collect your child?

Name:.....

Tel No

In the event of another person other than stated above it is imperative that you contact us first to give details.

PARENTAL RESPONSIBILITY

Please state relationship to child, printing names

1. Mr/Mrs/Ms(*Surname*).....First Name.....

Address:.....

.....

.....

Post Code Home Tel No.....

Employer's Name:.....

Your occupation:

Address:.....

.....

Post Code Work Tel No

2. Mr/Mrs/Ms(*Surname*).....First Name.....
Address:.....
.....
.....
Post Code Home Tel No.....
Employer's Name:.....
Your occupation:
Address:.....
.....
Post Code Work Tel No.....

EMERGENCY CONTACTS

If the staff cannot contact the people listed above, the following people can be contacted:

1. Name:
Address:.....
.....
.....
Relationship to child Tel No

2. Name:.....
Address:
.....
.....
Relationship to child Tel No

BACKGROUND INFORMATION

1. Does your child live in:
- House with garden
 - House without garden
 - Flat with garden
 - Flat without garden
 - Shared accommodation with garden
 - Shared accommodation without garden

2. Does your child have siblings? YES NO

NAME OF SIBLING(s)	AGE

3. Does your child have an extended family? YES NO

If YES please state who he/she sees regularly.

4. Do you have any information you feel is important to share regarding the family/background.

YES NO

If YES, please give details

5. Please state your child's Ethnic Origin:

Religion:

First language:

HEALTH

My child suffers from asthma? YES/NO
 My child suffers from eczema? YES/NO
 My child suffers from allergies? YES/NO
 My child takes medication? YES/NO
 My child suffers from any physical condition YES/NO
 Has he/she had a tetanus injection? YES/NO
 If so when?
 My child has a food preference? YES/NO

If the answers to any of these questions is YES, please give details below.

.....

DOCTOR

Name: Tel No
 Address:

Post Code

HEALTH VISITOR

Name: Tel No
 Address:

 Post Code

SOCIAL WORKER

Name: Tel No
 Address:

 Post Code

OTHER AGENCY INVOLVED WITH YOUR FAMILY

Name:..... Tel No

Address:.....

.....

..... Post Code

DECLARATION

I/We have read the Parents Information Leaflet

I/We agree to notify Birdhurst Day Nursery/Baby Unit before 2.00 p.m. if other persons not named on this form are coming to collect the child.

I/We agree to the child receiving emergency medical treatment by a doctor if none of the people named on this form can be contacted.

I/We will notify Birdhurst Day Nursery/Baby Unit four weeks in advance in writing in the event of the child leaving.

I/We enclose £_____ as payment in advance to cover four (4) weeks fees for my child's attendance at Birdhurst Day/Baby Unit.

I/We give permission for my child to leave the Nursery to go out on trips within the local community, e.g. to local parks, shops, library, railway station, etc.

SIGNED..... **DATE****NAME** (*please print*)**SIGNED**..... **DATE****NAME** (*please print*)***Please state how you heard of Birdhurst Nursery:***

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Please return this form to:

The Manager
Birdhurst Day Nursery,
40, South Park Hill Road,
South Croydon,

CR2 7YB

APPLICATION FORM
06.02