

DATE: _____ **CHILDS NAME:** _____

Please indicate with a ✓ the sessions you require:

	Mondays	Tuesday	Wednesday	Thursday	Friday
Mornings 9:00-12:00 £19.50					
Lunch 12:00-1:00 £6.50					
Afternoon 1:00-3:00 £13.00					

Please indicate the date you wish your child's place to commence: _____

Please note that should you wish to change your sessions at any point we require a minimum of 4 weeks notice

Please sign below to indicate that the information given on this form is accurate and correct. And by submitting this form you are consenting for the nursery to hold your data for the duration of time you are with us at the nursery or in line with government guidelines .

Parent/Carer 1 _____

Parent/Carer 2 _____

Signed _____

Signed _____

Date _____

Date _____

Child's Details

Child's first name(s)			
Surname			
Known as			
Child's Home Address			
Date Of Birth			
Gender		National Health Number	
(this is required for funding)			

Family Details

Name of Parent(s)/ Carer(s)			
Contact Details 1			
Parent/Carer full name			
Relationship to child			
Contact Number 1		Contact Number 2	
Email			
National Insurance Number		Date of Birth	
(this is required for funding)			

Family Details continued

Home address if different from child's

Work Details

Does this parent have parental responsibility for the child?

☐ Yes ☐ No

Does this parent have legal access to the child?

☐ Yes ☐ No

Contact Details 2

Parent/Carer full name

Relationship to child

Contact Number 1

Contact Number 2

Email

National Insurance Number

Date of Birth

(this is required for funding)

Home address if different from child's

Work Details

Does this parent have parental responsibility for the child?

☐ Yes ☐ No

Does this parent have legal access to the child?

☐ Yes ☐ No

Additional Contacts (Emergency)

Contacts details if parents are not available or care for the child on certain days

Contact Details 1

Full name

Relationship to child

Contact Number 1

Contact Number 2

Address

Permission to pick up child from nursery

☐ Yes ☐ No

Contact Details 2

Full name

Relationship to child

Contact Number 1

Contact Number 2

Address

Permission to pick up child from nursery

☐ Yes ☐ No

Unique Password: