

Pinocchios Nursery

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Application Form

Child's Details

| | | | |
|---------------------|--|-----------------|--|
| Full Name of Child: | | Preferred Name: | |
| Date of Birth: | | Sex: | <input type="checkbox"/> Boy <input type="checkbox"/> Girl |
| Address: | | | |
| Address: | | | |
| Postcode: | | Home Phone: | |

Child's Background

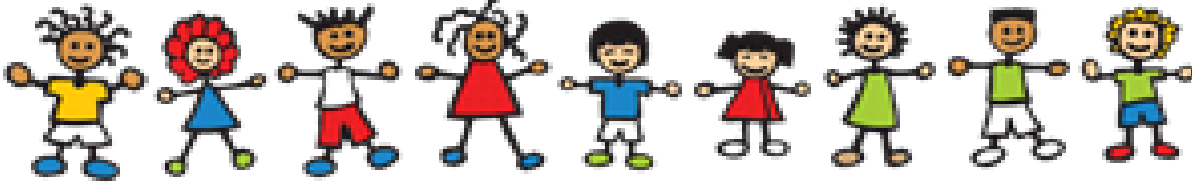
| | | | |
|---|--|-----------------------|--|
| Child's Religion: | | Child's Ethnic Group: | |
| What is the first language spoken at home? | | | |
| Is there any other language spoken at home? | | | |

Parent's Details

| | | | |
|---|--|-------------|--|
| Parent's Name: | | Mobile: | |
| Email: | | | |
| Home Address (if different from child's): | | | |
| | | Home Phone: | |
| Occupation: | | Employer: | |
| Work Email: | | Work Phone: | |

Parent's Details

| | | | |
|---|--|---------|--|
| Parent's Name: | | Mobile: | |
| Email: | | | |
| Home Address (if different from child's): | | | |
| | | | |



| | | | |
|-------------|--|-------------|--|
| | | Home Phone: | |
| Occupation: | | Employer: | |
| Work Email: | | Work Phone: | |

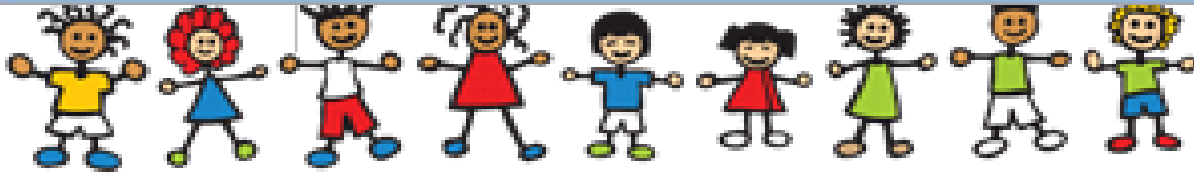
Who has parental responsibility?

Name:

Name:

Are there any contact restrictions? (if yes please give details) Yes No

Details:



Other Emergency Contacts

Name :

| | | |
|-------------------|------------------------|--|
| Telephone Number: | Relationship to child: | |
|-------------------|------------------------|--|

Name :

| | | |
|-------------------|------------------------|--|
| Telephone Number: | Relationship to child: | |
|-------------------|------------------------|--|

Name :

| | | |
|-------------------|------------------------|--|
| Telephone Number: | Relationship to child: | |
|-------------------|------------------------|--|

Childcare Session Plan

| Start Date: | | | | | | | | | | | |
|-------------|---------|--|-----|-----------|--|-----|----------|--|-----|--|--|
| Day | Morning | | | Afternoon | | | Full Day | | | | |
| Monday | From: | | To: | From: | | To: | From: | | To: | | |
| Tuesday | From: | | To: | From: | | To: | From: | | To: | | |
| Wednesday | From: | | To: | From: | | To: | From: | | To: | | |
| Thursday | From: | | To: | From: | | To: | From: | | To: | | |
| Friday | From: | | To: | From: | | To: | From: | | To: | | |

Collection Arrangements

Who is authorised to collect your child other than parents? Your child will only be allowed to leave nursery with people

listed here. **Any changes to this information should be made in writing to your Nursery Manager.**

| | | |
|-------|------------------------|--|
| Name: | Relationship to child: | |
| Name: | Relationship to child: | |
| Name: | Relationship to child: | |

As an extra precaution you may use a password. Anyone collecting your child should be made aware of this.

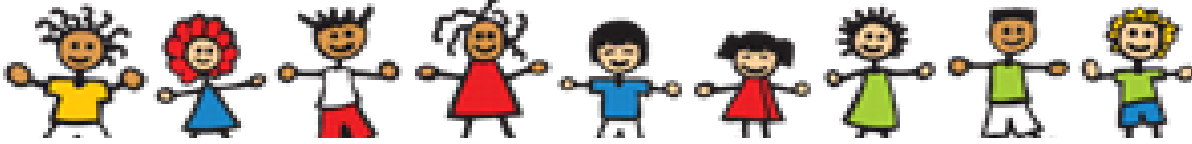
| | |
|-----------|--|
| Password: | |
|-----------|--|

Doctor's Details

| | |
|----------------|--|
| Doctor's Name: | |
|----------------|--|

| | |
|-------------------|--|
| Doctor's Address: | |
|-------------------|--|

| | |
|--------------------|--|
| Doctor's Telephone | |
|--------------------|--|



Number:

Health Visitors Name:

Health Visitors Number:

**Medical
Details**

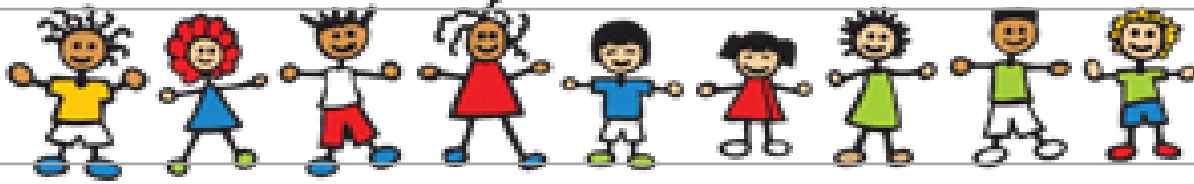
**Medical
Details**

Does your child have any medical conditions we should be made aware of? Please give details:

Allergies

Does your child have any allergies we should be made aware of? Please give details:

**Long Term
Medication**



Is your child on any long-term medication we should be made aware of? Please give details:

Special Dietary Requirements

Does your child have any special dietary requirements? E.g. Vegetarian. Please give details:

Other

Is there any other information related to the care of your child of which we should be aware?

Permissions - Do you give the nursery permission to:

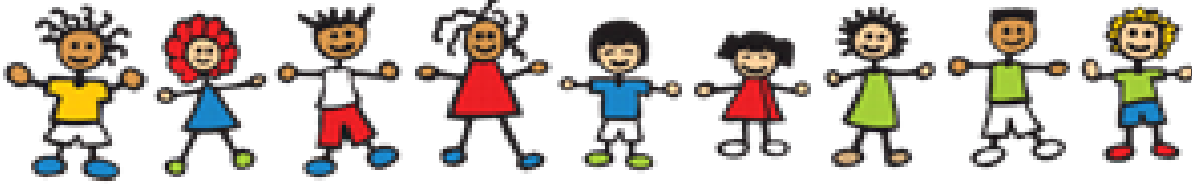
| | | |
|--|------------------------------|-----------------------------|
| Do you give the nursery permission to take photographs of your child for their E-Learning Journals? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you give the nursery permission to take photographs of your child for development files? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you give the nursery permission to use photographs for promotional purposes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you give the nursery permission to use photographs on social media sites? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you give the nursery permission to take your child on outings to local shops etc.? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you give the nursery permission to administer first aid? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you give the nursery permission to take your child to hospital? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I consent to any necessary or emergency medical treatment to be sought and administered, including anaesthetics and blood transfusions, as considered necessary by the medical authorities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature:

Date:

Registration and Deposit

| | |
|-------------------|---------------------|
| Registration Fee: | No Registration Fee |
|-------------------|---------------------|



Deposit:

Students: No Deposit / Private: £100.00 is payable to confirm place and refunded in last months (upon written notice).

Deposit is non-refundable if the place is cancelled prior to start date.

I understand and acknowledge that the fee due for my child's nursery place is to be paid per calendar month and is paid one month in advance, directly into the bank and none refundable in case of absence. I further agree to give one month's notice or payment in lieu of notice if I wish to withdraw my child from the nursery. I understand that failure to pay said fees may result in loss of childcare provision.

Signature:

Date:

Any personal information you provide to us will only be used by us and our service provider, Hyde n Seek Pinocchios Ltd. We will not pass on any of your personal information to third parties in accordance with The Data Protection Act 1998.