



little lamps nursery

Application form

Please ensure that you give as much detail about your child as possible, if you would prefer to fill in the form in discussion with our team then please ask – it won't be a problem!

Child's full name Please provide a copy of your child's birth certificate	Child's date of birth:
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Child's known name (if different to above)
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Child's first language Any other languages spoken
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Address: Postcode: Email address for invoices / letters:	Home telephone: Contact numbers during sessions:
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Name of Parents / Carers with whom the child normally lives: Do all the above have parental responsibility for the child? YES / NO

Any other adults with parental responsibility / rights with whom the child does not live? We will send copies of letters / reports to these people unless <u>they</u> instruct us otherwise Name: Address: Telephone number: Email address Relationship to child? Is this person an emergency contact? YES / NO

Password for collection of child by adult unfamiliar to Nursery staff:
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Please provide details of two people who can act in an emergency for your child:

Name:

Contact number:

Relationship to child:

Name:

Contact number:

Relationship to child:

In the event that no one can be contacted in an emergency the Nursery Manager will allow other trained professionals to make decisions in the best interest of your child (e.g. medical staff).

Child's doctor:

Surgery name and address:

Telephone number:

Child's Health visitor:

Telephone number:

Does your child have any medical condition we should be aware of? (Asthma, eczema etc)

Does your child have any allergies, food intolerances etc

If yes, how does your child react to these? (So that we know the symptoms to look for in cases of emergency)

Does your child have any other special needs and / or need any additional support? Are there any special dietary needs or preferences?

Are there any other professionals involved with your child? E.g. Social services, Speech therapy etc

Permissions

I give consent for photographs to be taken of my child for display, records keeping purposes. (Photographs will be kept in nursery) YES / NO

I give consent for photographs to be taken of my child for the Nursery website and Facebook page YES / NO
I give consent for staff and other agencies such as Health Visitors to carry out and record

observations of my child for the purpose of developmental assessment: YES/NO

I give consent for my child to be taken off site for short walks or to the park as part of Nursery activities. YES / NO

I give consent for the Nursery to act in the best interests of my child in the event of a medical emergency: YES / NO

I give consent for the Nursery to apply sun cream to my child YES / NO

I give consent for Nursery staff to apply sudocreme / nappy cream if necessary YES/ NO

I have provided details of my child's immunisations YES/ NO

Nursery staff are allowed to put a hypoallergenic plaster onto a minor wound if necessary to keep a wound clean YES / NO

Will your child be attending any other childcare setting as well as Little Lamps Nursery e.g. another Nursery, a child minder or a Nanny? If YES / NO

Yes, please provide details below:

Name of setting:

Contact details

Name of Key person:

I understand the terms and conditions as they have been explained to me and I wish to apply for a place at Little Lamps Nursery for:

Signed:

Date

Please fill out the additional information below:

Eye color:

Hair color:

Nationality:

Ethnicity:

Home Language:

Any other languages spoken:

Equality Statement

This setting will treat all people equally and with respect, value and celebrate their individuality. Any incident will be recognised, recorded and challenged in such a way as to promote a positive outcome for all.

My child has had the following immunisations, please tick all those that are relevant			
Diphtheria	HIB	Measles (separate vaccine)	Mumps (separate vaccine)
Rubella (separate vaccine)	Meningitis C	MMR	Polio
Tetanus	Whooping Cough (Pertussis)	Other (please specify)	Other (please specify)

My child has had the following childhood illnesses / diseases, please tick all those that are relevant				
Chicken Pox	Measles	Mumps	Hand, foot and mouth	Whooping cough
Impetigo	Other (please specify)	Other (please specify)	Other (please specify)	Other (please specify)

My child has the following ALLERGIES , please tick all those that are relevant			
Bananas	Butter	Cotton Wool	Cow's Milk
Wheat	Lactose	Strawberries	Nuts
Oranges	Soap powder	Soya	Other (please specify)
Sugar	Plasters	Other (please specify)	
Little Lamps Nursery will be serving a lacto-vegetarian meal to every child in the nursery.			

Sessions requested (please tick the appropriate one) :

Full time	
Part time	
If you have selected part-time, please enter details of the days/hours you prefer.	

Preferred start date:

Let's Build a Brave, New World

