

Please supply all details requested and return to the manager at MiniStars Day Nursery. Please note, that you should notify us immediately if there are any changes to the information you provide, after you have submitted this form.

1. Parent(s) Address

Mother's Address	Father's' Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Postcode	Postcode
<input type="text"/>	<input type="text"/>

2. Child's Personal Details

Title	Forename	Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname		<input type="text"/>
<input type="text"/>		<input type="text"/>
Name by Which Child is Commonly Known		Postcode
<input type="text"/>		<input type="text"/>
Date of Birth		Home Telephone No.
<input type="text"/>		<input type="text"/>

3. Attendance Type

Please tick a box below to specify whether you would like your child to attend Full Time or Part Time.

Full Time Attendance Part Time Attendance

4. Part Time Attendance

If you selected Part Time Attendance, please tick the desired attendance days (minimum two days).

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Parent(s) Details

Mother's Full Name <input type="text"/>	Father's Full Name <input type="text"/>
Employer <input type="text"/>	Employer <input type="text"/>
Work Address <input type="text"/> <input type="text"/>	Work Address <input type="text"/> <input type="text"/>
Work Telephone No. <input type="text"/>	Work Telephone No. <input type="text"/>
Mobile No. <input type="text"/>	Mobile No. <input type="text"/>

6. Emergency Contact Details

Full Name of Emergency Contact 1 <input type="text"/>	Full Name of Emergency Contact 2 <input type="text"/>
Relationship to Child <input type="text"/>	Relationship to Child <input type="text"/>
Address <input type="text"/> <input type="text"/>	Address <input type="text"/> <input type="text"/>
Telephone No. <input type="text"/>	Telephone No. <input type="text"/>
Mobile No. <input type="text"/>	Mobile No. <input type="text"/>

7. Medical Details

Name of Child's Doctor <input type="text"/>	Doctor's Address <input type="text"/>
Telephone No. <input type="text"/>	<input type="text"/>

Name of Child's Dentist <input type="text"/>	Dentist's Address <input type="text"/>
Telephone No <input type="text"/>	<input type="text"/>

Are there any medical conditions, which we should know about? If yes, please give details below.

Is your child on any long term medication? If yes, please give details (including information on any possible side effects) below.

Has your child been immunised against any of the following? (Please tick all boxes and enter the date, if appropriate)

Polio	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	Date
Diphtheria/Tetanus	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	Date
Hib	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	Date
MMR	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	Date
Whooping Cough	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="text"/>	Date

Please give details of any allergies, disabilities or any other conditions that we should be aware of? If there are none please write NONE in the space below.

8. Diet Information

Full Time children are given the option of receiving lunch. We provide a varied diet and encourage children to eat a variety of foods. A menu is published each week and displayed on the notice board. All children are provided with a mid - morning snack and afternoon snack. Please indicate if your child should NOT be given certain foods/drinks on the following grounds:-

Food or drink allergies which your child may suffer from.

Food or drink which should not be given to your child due to religious grounds.

9. Safeguarding

Has there ever been any Safeguarding issue around your child? If yes, please explain in full with social workers contact details

Yes

No

If there is anything else you believe we should know about your child, please give details in the space provided below.

10. Family Background and Culture

Religion <input type="text"/>	Ethnic Origin <input type="text"/>
Culture <input type="text"/>	Languages <input type="text"/>

11. Informal Nursery Trips

Do we have your permission to take your child on short informal trips out of the nursery, e.g., by foot to local libraries, parks etc whilst maintaining staff ratios and observing all outing procedures, i.e., taking refreshments, first aid and register.

Yes

No

12. Acceptance of Term & Conditions

I wish to apply for admission of the above named child to MiniStars Day Nursery. I have received, read and understood the Terms and Conditions of MiniStars Day Nursery and agree to comply with them and any other conditions which may be required in the future.

Signed (Legal Guardian)

Date

I wish my child to start at the Nursery on the following date

Who has parental responsibility for your child?

Please tell us how you heard about MiniStars Day Nursery.

