

## Nursery Application Form

### Child Details

<b>Surname</b>	
<b>Forenames</b>	
<b>Known as</b>	
<b>Date of birth</b>	
<b>First Language</b>	
<b>Religion</b>	
<b>Ethnicity</b>	
<b>Address (inc. Postcode)</b>	
<b>Any siblings at Sandfield?</b>	Yes/No If yes name:
<b>School attended</b>	
<b>Password</b> (For safeguarding purposes)	

### Parents /Carers Details

<b>Title</b>	
<b>Full Name</b>	
<b>Date of birth</b>	
<b>National Insurance number</b>	
<b>Address</b>	
<b>Home Telephone Number</b>	
<b>Mobile Telephone Number</b>	
<b>Work Telephone Number</b>	
<b>E-mail Address</b>	

<b>Title</b>	
<b>Full Name</b>	
<b>Date of birth</b>	
<b>National Insurance number</b>	
<b>Address</b>	
<b>Home Telephone Number</b>	

<b>Mobile Telephone Number</b>	
<b>Work Telephone Number</b>	
<b>E-mail Address</b>	

<b>Please state who has parental responsibility for your child:</b>
<b>What is the Legal Status of your child? (e.g. currently under a Care Order)</b>

**Emergency Contact Details (if parents/carers not available)**

<b>Full Name Relationship to child Address</b>	
<b>Contact Number Authorised to collect child</b>	<b>Yes/No</b>
<b>Full Name Relationship to child Address</b>	
<b>Contact Number Authorised to collect child</b>	<b>Yes/No</b>

**Other Professionals**

Should any other professional be working closely with you and your family, please complete their details below:-

<b>Full Name Profession i.e Health Visitor/Speech Therapist etc Address</b>	
<b>Contact Number</b>	

## Medical Details

<b>Immunisation/Vaccination</b>	<b>Date Administered</b>
<b>Whooping Cough</b>	
<b>Tetanus</b>	
<b>Diphtheria</b>	
<b>Polio</b>	
<b>MMR</b>	
<b>HIBS</b>	

## Health Information

Please specify any illnesses or medical treatment received in the past that we need to be aware of.

## Allergies

Please include food and contact based allergies e.g. Plasters, face paints.

## Medical Authorisation

Please read this section carefully before completing:-

<b>Do you give permission for your child to have emergency medical treatment whilst at Sandfield?</b>	<b>YES/NO</b>
<b>If necessary, do you give permission for your child to be taken to hospital by either car or ambulance? A parent or guardian will be notified of the incident and asked to attend the hospital as soon as possible.</b>	<b>YES/NO</b>
<b>Do you give permission for your child to have Paracetamol? (This must be your child's own bottle clearly labelled with their name and will not be stored in nursery. Paracetamol will only be given to your child if they have a raised temperature of 38 degrees and over and you will be contacted to advise that your child may need to be collected.</b>	<b>YES/NO</b>

At Sandfield Nursery Practitioners will only administer medicines prescribed by a GP if a medicine form is completed prior to it being given. If your child is prescribed medication by their GP please speak to your child's Key Person in the first instance.

If a child has been prescribed antibiotics by a GP then a minimum of 48 hours must follow before returning to Nursery. The Management Team reserves the right to refuse entry of any child to Sandfield if they believe a child is not well enough. If a child becomes unwell whilst attending Nursery then parents/carers will be contacted to collect them.

**Doctors Details**

<b>Doctor's Name</b>	
<b>Address</b>	
<b>Telephone Number</b>	
<b>Health Visitors Name</b>	
<b>Telephone Number</b>	

**Special Health/Dietary Requirements**

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**I give permission for my child's full name and dietary requirement to be displayed in the room.**

**Parent/Carer signature: .....**

**Additional Information**

<b>Allow staff to apply your child's own bottle of sun cream</b>	
<b>Allow my child to go out on trips</b>	
<b>Allow my child to be photographed for internal arts and craft displays</b>	
<b>Allow my child to be photographed for promotional use</b>	
<b>Allow my child to use face paints</b>	
<b>Allow my child to watch educational DVD's</b>	
<b>Allow my child to access computers</b>	
<b>Allow staff to share two year health check assessment with Health Visitor</b>	
<b>Allow my child to receive emergency medical treatment</b>	
<b>Allow my child to brush their teeth daily</b>	

<b>Any additional comments:</b>	
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**Sessions required: please tick**

Monday	Tuesday	Wednesday	Thursday	Friday

**Requested start date:.....**

<b>Signed (Parent/Carer)</b>	
<b>Date</b>	

Payments to Sandfield Park Private Day Nursery are paid via credit/debit card in advance. An authorisation form is attached. Should you fail to pay your nursery fees for a period of two consecutive weeks then your child's place will be suspended immediately until all arrears have been paid in full. Should you fail to pay your arrears then a Debt Recovery Agency may be used to recover the debt. In this instance you will be responsible for paying any charges incurred by the Debt Recovery Agency.