



APPLICATION FOR ADMITTANCE

CHILD'S SURNAME..... FORENAMES.....

DATE OF BIRTH..... GIRL /BOY

ADDRESS.....

.....POSTCODE.....

Name of Parent / Legal Guardian

MOTHER'S SURNAME.....FORENAME.....TITLE.....

ADDRESS (if different from above).....

DAYTIME TELEPHONEMOBILE:.....

Email:

FATHER'S SURNAME.....FORENAME.....TITLE.....

ADDRESS (if different from above).....

DAYTIME TELEPHONE.....MOBILE.....

Email:

EHNIC ORIGIN:

LANGUAGES SPOKEN AT HOME:

CONTACT DETAILS	Contact 1	Contact 2
Name		
Telephone Number		
Mobile		
Relationship		

IF YOUR CHILD IS TO BE COLLECTED BY SOMEBODY NOT NAMED ON THIS FORM, PLEASE INFORM THE NURSERY & PROVIDE A PASSWORD. YOUR CHILD WILL NOT BE RELEASED WITHOUT THIS INFORMATION

PASSWORD.....

NAME & ADDRESS OF ALL OTHER NURSERIES / PLAYGROUPS ATTENDED
1.....
2.....

	I WOULD LIKE MY CHILD TO ATTEND THE FOLLOWING SESSIONS				
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (0900-1230)					
Lunch (1230-1315)					
Afternoon (1230-1500)					

START TERM	AUTUMN 20	SPRING 20	SUMMER 20
FINAL TERM	AUTUMN 20	SPRING 20	SUMMER 20

HEALTH INFORMATION

ALLERGIES & DIETARY REQUIREMENTS	
DOES YOUR CHILD SUFFER FROM ANY KIND OF ALLERGY?	YES / NO
IF YES, PLEASE, PLEASE GIVE FULL DETAILS	
DOES YOUR CHILD HAVE ANY DIETARY REQUIREMENTS?	YES / NO
IF YES, PLEASE GIVE FULL DETAILS	
DOES YOUR CHILD REQUIRE ANY REGULAR MEDICATION	YES / NO
IF YES, PLEASE GIVE FULL DETAILS	
ANY OTHER RELEVANT INFORMATION OF WHICH THE NURSERY SHOULD BE AWARE	

Please tick to give consent to the following

I GIVE MY CONSENT FOR FIRST AID TO BE ADMINISTERED BY TRAINED STAFF		
IN CASE OF EMERGENCY HOSPITAL TREATMENT, I GIVE CONSENT FOR STAFF TO SIGN ANY FORMS NECESSARY IF I CANNOT BE CONTACTED		
I GIVE PERMISSION FOR STAFF TO OBSERVE, ASSESS & RECORD INFORMATION TO SUPPORT MY CHILD'S LEARNING WHILST AT NURSERY		
I GIVE PERMISSION FOR THE MANAGER TO CONTACT ANY OTHER SETTING MY CHILD ATTENDS I GIVE PERMISSION FOR MY CHILD'S RECORDS TO BE PASSED TO THEIR NEXT SETTING		
I GIVE PERMISSION FOR STAFF TO TAKE & INCLUDE PHOTOGRAPHS OF MY CHILD IN THEIR LEARNING JOURNEY		
I GIVE PERMISSION FOR MY CHILD TO GO INTO THE SURROUNDING WOODS & TO THE FIELD UNDER SUPERVISION		
I GIVE PERMISSION FOR PHOTOGRAPHS OF MY CHILD TO BE USED		
On display boards in the nursery	In a prospectus or on our website	On our Facebook page (this is private)
YES/NO	YES/NO	YES/NO

I AGREE TO GIVE ONE TERM'S NOTICE IN WRITING (Or forfeit my deposit). I enclose a returnable deposit of £150 and an administration fee of £60 (This is not required for children in receipt of Government Funding)
THE INFORMATION ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE. I WILL NOTIFY THE NURSERY IMMEDIATELY OF ANY ALTERATIONS. I HAVE LEGAL/PARENTAL RESPONSIBILITY .
SIGNED
PRINT NAME.....DATE:.....
I attach a copy of my child's birth certificate.

Details of how you became aware of the nursery.....

Please feel free to discuss with the Nursery Manager any further information which may affect your child at nursery.

The form should be returned to the nursery or by post to: Sunflower Montessori Kindergarten, 24 Hall Green Lane, Hutton, Brentwood CM13 2QX