



## NURSERY APPLICATION FORM

Date Completed.....

### **Personal Details**

Child's Full Name		Date of Birth	
Known as		Male/Female	

Parent/Carer Name		Mobile Number	
Parent/Carer Name		Mobile Number	
Email Address			
Home Address			
Postcode			
Home Telephone Number			
Child's Religion		Ethnic Group	

### **Attendance Details** Please fill in days and times

Start Date	Monday	Tuesday	Wednesday	Thursday	Friday
Half Day (am) 8.30 – 12.00					
Half Day (pm) 13.30 – 17.00					
Full Day 8.30 – 17.00					

### **Security Collection Details**

We only allow authorised adults to collect your child with prior notice from you on the day in question. By giving us the details below Petit Chameleon assumes that you give consent for collection of your child from the named substitutes below.

Collectors Name	Relationship to the child	Contact Telephone No:	Password

## Health Declaration and Emergency Contact Details

In any case of emergency do we have permission to seek medical advice for your child?

Please Tick

YES	NO
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Do we have permission to disclose the nursery setting name when contacted at your workplace?

YES	NO
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### Parent/Carers Work details

Mothers/Carers Work address	Phone Number
Fathers/Carers Work address	Phone Number
One other Emergency contact name & address	Phone Number

Doctors Name		Telephone No:	
Doctors Address	Postcode:		

Details of any Known allergies	
Is your child up to date with immunisations	
Details of any current/on-going prescribed medication	
Any specific dietary requirements? Please state:	

Any other Information you wish to add about your child	
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## GENERAL TERMS AND CONDITIONS OF REGISTRATION

### **Fee payment terms**

Nursery fees are required to pay in advance and must be paid in full by the first day of the month.

It is very time consuming and disruptive for the nursery staff to be engaged in pursuing unpaid fees. If fees are not paid in full by the due date, we will unfortunately have no option but to suspend your child's nursery place until the arrears have been cleared.

### **Notice requirement**

One month notice in writing, or payment in lieu of notice, is required if you wish to withdraw your child from the nursery or reduce the number of days your child attends per week.

If you wish to increase your child's sessions please inform us of your requirements and if a space is available we will try to accommodate your requirements as soon as possible. If a space is unavailable you will be offered a position on our waiting list.

### **Holidays and absences**

Absences from the nursery, including for sickness and family holidays, will not be refunded.

### **Illnesses and medication**

Certain infectious childhood ailments (e.g. chicken pox, conjunctivitis) will require your child to be excluded from the nursery for an appropriate period to prevent the spread of infection. If your child becomes ill whilst at the nursery, we may ask you to collect him or her.

Any medication that your child requires must be clearly labeled and handed to a member of staff. You will be asked to sign a medicine form each time a medicine is administered.

### **Dropping off and collecting your child**

Please ensure that you notify the nursery if your child is to be collected by someone other than the parents / carers listed on Page 1 of this application form.

<b><u>Permissions</u></b>	<b>Yes</b>	<b>No</b>
<p><b><u>Consent for taking your child's photo</u></b>            We hereby give permission for Petit Chameleon to take photos of our child to use within the nursery for displays, art work etc...</p>		
<p><b><u>Consent for Your Child's Photo to be used in Advertising</u></b>            We hereby give permission for our child's photo to be used in advertising such as Petit Chameleon's Website, local newspapers etc.</p>		
<p><b><u>Consent for applying sun cream</u></b>            We hereby give permission for Petit Chameleon to apply sun cream to our child.</p>		
<p><b><u>Consent to apply nappy cream</u></b>            We hereby give permission for Petit Chameleon Day Nursery to apply nappy cream to our child if necessary</p>		
<p><b><u>Consent to administer medication</u></b>            We hereby give permission for staff to administer Tylenol provided by the parent/carer with written consent.</p>		

Child's Name.....Date.....

Mothers/Carers Name (Print).....Signature.....

Fathers/Carers Name (Print).....Signature.....

**Questions to help us get to know your child**  
**(This will be given to the room leaders)**

**Childs Name:**

**D.O.B:**

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- What does your child enjoy playing with?
  
- Does your child have any names for significant people (e.g. grandparents) or pets which you would like us to use?
  
- Is there any particular likes or dislike that your child has?
  
- Are there any ways in which your child might need particular help/ support from a member of staff?
  
- Does your child wear nappies? If so what size? If toilet trained, how does your child let you know if they need the toilet?
  
- Does your child have any know allergies?
  
- Any other relevant information?

**Thank you for sharing this information with us to help us get to know your child**