

# Cygnets Nursery - Application for childcare

Child's full name: .....

Date of birth: ...../...../.....

Parent(s)/Guardians names: .....

Home address & postcode: .....

.....

Tel. No. .... E-mail .....

Mother's occupation, work address and telephone number: .....

.....

Father's occupation, work address and telephone number: .....

.....

Alternative person(s) to contact in case of emergency: .....

.....

Name, address & telephone number of doctor: .....

.....

Has your child received all the currently recommended immunizations appropriate to their age? YES / NO

Does your child suffer from any allergy or chronic condition? YES / NO

*Please give details of any relevant family history of allergies, including food allergies*

If YES please specify .....

Is your child on any regular medication? YES / NO

If YES please specify.....

Does your child have any special dietary requirements? YES / NO

If YES please specify .....

Please circle the sessions / days that you are interested in:

Monday	Tuesday	Wednesday	Thursday	Friday
AM / PM	AM / PM	AM / PM	AM / PM	AM / PM

Nursery lunches required? YES / NO      Earliest preferred start date: .....

*This form must be returned to Nursery with the registration fee of £25.00.*

Please give any further information overleaf if necessary. Please include names of siblings and significant adults plus details of any other groups that your child attends.