

Cygnet Nursery - Application for childcare

Child's full name:

Date of Birth: Male / Female

Parent(s)/Guardians names:

Home address & postcode:

.....

Tel. No. E-mail

Parent occupation, Company name, work address and telephone number:

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Parent occupation, Company name, work address and telephone number:.....

.....

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

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Name, address & telephone number of doctor:

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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

Start & finish times (we recognize that there may have to be some flexibility).....

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