



Cygnets Nursery – Application for childcare

Child's full name:.....

Date of birth:..... Male / Female

Parents(s) Guardians names:.....

Home address and postcode:.....

.....

Tel.No..... Email:.....

Parents occupation, company name, work address and telephone number:.....

.....

Parents occupation, company name, work address and telephone number:.....

.....

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

.....

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

.....

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

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

(Please give any 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 days you are interested in applying for:

MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

Hours of attendance..... (please refer to our stretched funding/fee's and session forms)

Nursery Lunches required YES / NO Earliest preferred start date:.....

The form must be returned to Nursery with the registration fee of £50.00 (refunded to 1st invoice)