

APPLICATION FORM

MATILDA COMMUNITY DAY NURSERY
0207 480 6396
MATILDANURSERY@AOL.COM

CHILD'S DETAILS

FIRST NAME:	SURNAME:
DATE OF BIRTH:	SEX:
ADDRESS:	
PREFERRED COMMUNICATION / LANGUAGE:	ETHNIC ORIGIN:
DISABILITY AND SPECIAL NEEDS:	OTHER PROFESSIONALS INVOLVED:
BIRTH CERTIFICATE SEEN AND RECORDED:	

PARENTS/CARERS DETAILS

PARENT/CARERS NAME:	PARENT/CARERS NAME:
CONTACT NUMBERS: WORK:	CONTACT NUMBERS: WORK:
MOBILE:	MOBILE:
OCCUPATION:	OCCUPATION:
ETHNIC ORIGIN:	ETHNIC ORIGIN:
WHO HAS PARENTAL RESPONSIBILITY:	E-MAIL ADDRESS:
HOME TELEPHONE:	ANY OTHER INFORMATION:

PLEASE GIVE THE NAMES AND CONTACT DETAILS OF TWO PEOPLE WHO COULD BE REACHED IN AN EMERGENCY, OR TO PICK UP YOUR CHILD.

NAME AND RELATIONSHIP:	CONTACT NUMBER:
NAME AND RELATIONSHIP:	CONTACT NUMBER:
PASSWORD:	

PLEASE SIGN BELOW TO SAY YOU AGREED TO THIS ARRANGEMENT.

NAME:	SIGNATURE:
DATE:	

SESSIONS REQUIRED

TIMES:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM SESSIONS 8:00 AM - 12.45 PM					
PM SESSIONS 1:15 PM - 6:00 PM					
ALL DAY 8:00 AM - 6:00 PM					

WHAT DATE WOULD YOU LIKE YOUR CHILD TO START IF THERE IS A PLACE AVAILABLE:	
WHAT LANGUAGE IS NORMALLY SPOKEN AT HOME:	
WHAT IS YOUR RELIGION/CREED:	
DO YOU GIVE PERMISSION FOR YOUR CHILD TO ATTEND DAILY OUTINGS E.G. PARK. <small>NOTE: INDIVIDUAL PERMISSION SLIPS WILL BE GIVEN FOR MAJOR TRIPS.</small>	
HOW DID YOU HEAR ABOUT THE NURSERY:	

I/ WE HAVE UNDERSTOOD AND AGREED TO ALL THE TERMS AND CONDITIONS SET OUT BY MATILDA COMMUNITY DAY NURSERY.

NAME AND SIGNATURE OF PARENT/CARER:

MEDICAL FORM

NAME OF CHILD'S DOCTOR:	SURGERY ADDRESS:
TELEPHONE NUMBER:	HEALTH VISITOR: HAS THE 2 YEARS REVIEW BEEN DONE?
HEALTH/MEDICAL CONDITION:	DOES YOUR CHILD REQUIRE MEDICINE WHILE AT THE NURSERY:
DOES YOUR CHILD SUFFER FROM ASTHMA?	DOES YOUR CHILD NEED INHALER?
DOES YOUR CHILD SUFFER WITH ECZEMA?	PLEASE GIVE DETAILS OF ANY OTHER ALLERGIES OR SPECIAL NEEDS:

DIETARY REQUIREMENTS

IS YOUR CHILD A VEGETARIAN?	PLEASE NAME A FEW OF YOUR CHILD'S FAVOURITE FOODS:
IS YOUR CHILD ALLERGIC TO ANY FOOD?	FOOD INTOLERANCES:

OTHER INFORMATION

HAS YOUR CHILD GOT A SPECIAL COMFORTER THAT HE/SHE WILL BE BRINGING TO THE NURSERY?	WHAT IS IT?
DOES IT HAVE A SPECIFIC NAME?	PLEASE WRITE DOWN ANY OTHER INFORMATION THAT YOU THINK WILL BE USEFUL FOR THE NURSERY TO KNOW:

REGISTRATION FORM

PLEASE SIGN AND RETURN THIS PAGE TO THE NURSERY ENCLOSING YOUR CHILD'S APPLICATION FROM, REGISTRATION FEE AND TWO WEEKS FEES IN ADVANCE.

I/WE HAVE READ THE PROSPECTUS TOGETHER WITH THE NURSERY POLICY BOOKLET AND AGREE TO COMPLY WITH THE RULES AND REGULATIONS.

I AGREE THAT BY SIGNING, I CONSENT TO BECOME A MEMBER OF MATILDA COMMUNITY DAY NURSERY, WHICH GIVES ME THE RIGHT TO VOTE AT GENERAL MEETINGS AND BE NOMINATED TO BECOME A MEMBER OF THE MANAGEMENT COMMITTEE AND BOARD OF DIRECTORS.

CHILD'S NAME:
PARENT/CARERS NAME:
PARENT/CARERS TELEPHONE NUMBER:
ADDRESS:
PARENT/CARERS' SIGNATURE:
Date:

YOU MUST SIGN THIS FORM IN ORDER TO BE GIVEN A PLACE AT THE NURSERY.

EMERGENCY TREATMENT FORM

**THIS FORM MUST BE SIGNED IN ORDER FOR YOUR CHILD TO
RECEIVE A NURSERY PLACE**

I/WE GIVE PERMISSION TO THE STAFF AT MATILDA COMMUNITY DAY NURSERY TO TAKE MY/OUR CHILD TO HOSPITAL IN AN EMERGENCY. HOSPITAL PROCEDURES WILL COMMENCE FROM THE POINT OF ARRIVAL AT THE HOSPITAL EMERGENCY UNIT.

PLEASE STATE ANY RELEVANT INFORMATION THAT YOU WISH THE HOSPITAL TO KNOW:

NAME:.....

SIGNATURE:.....

DATE:.....

CHILD PROTECTION AND SAFEGUARDING POLICY

WE HAVE READ AND CONFIRM OUR ACCEPTANCE OF THE CHILD PROTECTION POLICY OF MATILDA COMMUNITY DAY NURSERY.

WE UNDERSTAND THAT, IF A CHILD HAS ANY SERIOUS UNEXPLAINED MARKS OR INJURIES, OR SHOWS WORRYING BEHAVIOUR, THE NURSERY HAS A DUTY TO REPORT SUSPICIONS OF ABUSE TO THE LOCAL AUTHORITY WITHOUT ADVISING THE PARENTS/CARER. THE LOCAL AUTHORITY IN TURN, HAS A DUTY TO INVESTIGATE THE MATTER UNDER THE CHILDREN'S ACT 1988.

ANY RECORDS WILL BE KEPT UNDER SECURE CONDITIONS AND SEPARATE FROM OTHER CHILD RECORDS.

THE NURSERY WILL FOLLOW THE PROCEDURE SET OUT IN THE LOCAL AUTHORITY CHILD PROTECTION DOCUMENTS AND AS SUCH WILL SEEK THEIR ADVICE ON ALL SUBSEQUENT STEPS.

CHILD'S NAME:.....

PARENT/CARER SIGNATURE:.....

DATE:.....

OUTING PERMISSION SLIP

THROUGHOUT THE YEAR THE NURSERY SPONTANEOUSLY MAY GO ON OUTINGS WITHIN OUR LOCAL COMMUNITY. E.G. PARKS, SHOPS, WALKS, ETC.

OUR MODES OF TRANSPORT USED WOULD BE BUS, TRAIN OR WALKING.

WE WOULD LIKE YOUR PERMISSION IN ADVANCE TO DO THESE WHENEVER SUCH AN OPPORTUNITY MAY ARISE FROM TIME TO TIME. THEREFORE, WE WOULD ONLY ASK YOUR PERMISSION FOR BIG OUTINGS OUT OF OUR LOCAL AREA. E.G., THE ZOO, THEATRE, FUN-PARKS ETC. OBVIOUSLY, WE WOULD STILL ADVISE/REMIND PARENTS THE DAY BEFORE OF OUR PLANS EITHER IN PERSON OR BY NOTICE ON THE FRONT DOOR.

I GIVE PERMISSION FOR TO ATTEND ANY LOCAL OUTING WITH THE NURSERY AT ANYTIME THE STAFF WISH TO TAKE THE CHILDREN OUT INTO THE LOCAL COMMUNITY ONLY.

DATE:

SIGNATURE:.....