



Childs Birth Certificate No:	
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North Road, Cobridge, Stoke on Trent, Staffs ST6 2BP
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Application Form

Child's Details

Full Name of Child:		Prefered Name:	
Date of Birth:		Sex:	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Address:			
Address:			
Postcode:		Home Phone:	

Child's Background

Child's Religion:		Child's Ethnic Group:	
What is the first language spoken at home ?			
Is there any other language spoken at home ?			

Mother's Details

Mother's Name:		Mobile:	
Email:			
Home Address (if different from child's):			
		Home Phone:	
Occupation:		Employer:	
Work Email:		Work Phone:	

Father's Details

Father's Name:		Mobile:	
Email:			
Home Address (if different from child's):			
		Home Phone:	
Occupation:		Employer:	
Work Email:		Work Phone:	

Who has parental responsibility?

Name:			
Name:			
Are there any contact restrictions? (if yes please give details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details:			

Other Emergency Contacts			
Name :			
Telephone Number:		Relationship to child:	
Name :			
Telephone Number:		Relationship to child:	
Name :			
Telephone Number:		Relationship to child:	

Childcare Session Plan	
Start Date:	

Day	Morning			Afternoon			Full Day					
Monday	From:		To:		From:		To:		From:		To:	
Tuesday	From:		To:		From:		To:		From:		To:	
Wednesday	From:		To:		From:		To:		From:		To:	
Thursday	From:		To:		From:		To:		From:		To:	
Friday	From:		To:		From:		To:		From:		To:	

Collection Arrangements			
Who is authorised to collect your child other than parents ? Your child will only be allowed to leave nursery with people listed here. Any changes to this information should be made in writing to your Nursery Manager.			
Name:		Relationship to child:	
Name:		Relationship to child:	
Name:		Relationship to child:	
Please select a password which you can give to a person you authorise to collect your child.			
Password:			

Doctor's Details			
Doctor's Name:			
Doctor's Address:			
		Doctor's Telephone Number:	
Health Visitors Name:		Health Visitors Number:	

Medical Details	
Medical Details	
Does your child have any medical conditions we should be made aware of ? Please give details:	
Allergies	
Does your child have any allergies we should be made aware of ? Please give details:	

Long Term MedicationYes

Is your child on any long term medication we should be made aware of? Please give details:

No **Special Dietary Requirements**

Does your child have any special dietary requirements? E.g. Vegetarian. Please give details:

Immunisations

Are your child's vaccinations up to date?

Court Orders

If there is a Court Order regarding custody or access to your child, please give full details, attaching a separate sheet if required.

Other

Is there any other information related to the care of your child of which we should be aware?

Permissions - Do you give the nursery permission to:

Do you give the nursery permission to take photographs of your child for his/her development file?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you give the nursery permission to record your child's voice for his/her development file?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you give the nursery permission to take your child on outings to local amenities i.e. the park / library?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you give the nursery permission to take your child on outings to the local shops?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you give the nursery permission to administer emergency first aid?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you give the nursery permission to take your child to hospital in the event of an emergency?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I consent to any necessary or emergency medical treatment to be sought and administered, including anaesthetic and blood transfusions, as considered necessary by the medical authorities.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
I acknowledge that neither North Road Academy nor its staff shall incur any liability whatsoever in relation to a practitioner's decision to administer such treatment (as mentioned above) or the treatment itself. (every effort will be made to contact a parent or authorised person before this agreement is actioned)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Signature:

Date:

Registration and Advance Payment	
Registration Fee:	£30
Advance Payment Amount:	
Payment Frequency:	Weekly <input type="checkbox"/> 4 Weekly <input type="checkbox"/>
Payment Type:	Cash <input type="checkbox"/> Cheque <input type="checkbox"/> BACS <input type="checkbox"/>

I understand and acknowledge that the fee due for my child's nursery place is to be paid as per the above choices. This payment is non-refundable in case of absence. I further agree to give four weeks' notice or four weeks payment in lieu of notice if I wish to withdraw my child from the nursery. I understand that failure to pay said fees may result in loss of childcare provision.

I further understand if I wish to change my payment frequency, Payment type or child care session plan I need to complete a 'CCSP 1' until such time my nursery provider will continue to invoice me upon this current information. (Please refer to your North Road Nursery contract for notice periods when wanting to change sessions)

Signature:

Date:

I will inform North Road Nursery in writing when any of my child's personal information including parent information (such as addresses, contact details etc.) contained on this form change.

Signature:

Date: