



Email: amaryllisnursery@mail.com  
Tel: 0161 872 9043

## Day Nursery Application Form

### Child's Details

Date of birth or expected due date		Gender	M / F
First name(s)		Surname	
Address			
	Postcode		
Is your child known by any other name?			

### Parent/Guardian

Title		First name		Surname	
Relationship to child			Parental responsibility?	Yes / No	
Home telephone number			Mobile phone number		
Email address			Work telephone number		
Can we correspond with you via email?					

### Parent/Guardian

Title		First name		Surname	
Relationship to child			Parental responsibility?	Yes / No	
Home telephone number			Mobile phone number		
Email address			Work telephone number		
Can we correspond with you via email?					

Are you a Limelight partner or member of staff? If so, which department?									
Date you wish your child to start:									
Please tick the days / sessions that you would like your child to attend: (Minimum booking requirement of <b>3 sessions</b> )									
Session times - AM 8.00am -1.00pm PM 1.00pm - 6.00pm Full day 8.00am - 6.00pm									
Monday		Tuesday		Wednesday		Thursday		Friday	
am	pm	am	pm	am	pm	am	pm	am	pm

Some days are busier than others, are you flexible with your choice of days?

<p>Will you be applying:</p> <p>Early education for 2 year olds (15 hours)?</p> <p>Early Education for 3 &amp; 4 year olds (15hours)?</p> <p>Early Education for 3 &amp; 4 year olds (30 hours)?</p> <p>Have you also made an application to Amaryllis preschool at Kings Road?</p> <p>Evidence will be needed once an offer has been made.</p>
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Does/ has your child attended any other nursery or early years provision? If yes, please provide details.

Any other information you think would be helpful for us to know about your child.

**Emergency Contact Details**

Name and address of GP		Telephone number	
Name of Health Visitor		Clinic address	

Please give details of 2 people that we can contact in case of emergency or illness at nursery. If we are unable to get hold of parents, those below are authorised to collect your child.

Name and relationship to your child.		Telephone number(s)	
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### Supplementary Details

Has your child had any serious illnesses or injuries?	Yes/No Details
Has your child completed an immunisation program to date?	Yes/No Details
Has your child any known allergies or medical conditions?	Yes/No Details
Does your child have additional needs or require any additional support whilst at nursery?	Yes/No Details
Does your child have any dietary requirements?	Yes/No Details
Are there any other agencies or professionals working with your family? E.g. Speech and language/social care	Yes/No Details
Other languages spoken at home	
What is your child's religion?	
Which primary school will your child attend?	
Has the nursery been recommended to you by a family already attending?	Name of parent & child:

We may regularly take your child off the premises to visit community provisions as part of our learning. This also includes activities within the Limelight complex. I give my permission for my child to take part in these on and off site activities. Please indicative if specific e.g. Library but not park.	Yes	No
Photographs are taken and used to track children's learning, in newsletters, displays, nursery publications, which include external and Limelight literature, website and social media. I give my permission for my child to be photographed for the above reasons.	Yes	No
I give my permission for a trained first aider to administer first aid to	Yes	No

my child which may include paracetamol (to reduce a fever).	
Do you give consent for us to share information with other agencies such as health, café staff, schools, and Children's centre as part of supporting your child in the setting?	Yes          No
Parents are required to provide sun cream, however in some cases nursery may need to apply as required. I give permission for staff to apply sun cream as necessary.	Yes          No
In the event of an emergency I allow my child to be taken to hospital and to be given medical treatment.	Yes          No
Emergency Password  Only authorised persons will be allowed to collect your child.	

Any information given to the nursery as part of this application/registration form will be treated with the strictest of confidence. Any data collected will be lawfully processed, for relevant and limited purposes and not kept longer than is necessary. We are registered with the ICO and data is processed in accordance with the data rights, held securely and not transferred to other organisations unless required to do so by Ofsted, health and safety legislation or other legal obligations. By signing, you are agreeing to the terms and conditions of the nursery and to adhere to our processes and policies.

Signature		Date	
Relationship to child			

**To secure your place, a non-refundable registration fee of £30.00 will be required on acceptance of a place, along with one month's fees in advance upon starting. Completion of the application does not guarantee an offer of a place.**

**Staff use:**

<p><b>Date application received:</b></p> <p><b>Place offered:</b></p> <p><b>Registration fee:</b></p> <p><b>Days allocated:</b></p> <p><b>Start date:</b></p> <p><b>Key room &amp; worker:</b></p>
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