

Application Form

Please complete this form and return it with the administration fee £50/£10 holiday and after school club (non-refundable). This covers our settling in process. Form must be completed by someone who has parental responsibility.

Family Details

Child's First Name(s)			
Child's Surname			
Known As			
Date of Birth		Birth certificate presented	
Gender	Male		Female
Child's Full Address			Post code
1. Parent/Guardian details		2. Parent/Guardian details	
Full Name			
Full Address (If different than child's)			
	Post code		Post code
Telephone number			
National Insurance Number			
Date of birth (D.O.B)			
Occupation			
Place of work			
Work Address			
Email Address			
Telephone number			
Relationship to the child			
Parental Responsibility			

Is your child currently in the care of a local authority OR Is your child adopted, subject to a residence order, or special guardianship order, immediately following having been looked after? If your child meets the criteria to be classified as a looked after child or a child in public care, you must enclose either a letter from the relevant local authority confirming the legal status of the child, a copy of the care order, or a copy of the special guardianship order.	Yes	No
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If Yes, please provide details below and a copy of relevant documentation

Emergency contacts & Security information

Emergency contact 1 (other than parents)	Emergency contact 2 (other than parents)
Name:	Name:
Telephone number:	Telephone number:
Relationship to child:	Relationship to child:
<p>In the event of somebody other than the parent is collecting the child(ren) from Nursery, you must inform Management <u>by phone or in person beforehand</u>. (Must be 16 years of age or over). It is important that the nursery staff is aware of any changes to the usual arrangements in order to safeguard the children within the nursery. If no prior arrangements are made the Nursery reserves the right to refuse!</p> <p>Please provide us with the following information:</p>	
1) The person's name	2) A brief description
	3) Password _____



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Requested sessions/days					
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Am Session					
Pm Session					
Full Day					
After- school session					
Additional Requirements					
Start Date (if known)					

If a place is unavailable for your child, do you wish to be added to our waiting list YES / NO

Declaration

I agree to abide by the conditions laid out in this document and agree to act at all times in the best interest of the Nursery. I understand that failure to observe the above conditions could lead to my child(ren) being excluded from nursery*

*By signing this form, I acknowledge that Happy Tots nursery uses my personal information in accordance with its **Privacy Policy**. For more information, please ask for the policy.

SIGNED BY PARENT.....PRINT DATE/...../.....

SIGNED MANAGER.....PRINT DATE/...../.....

Office use only	Date/amount
Application form received	
Biometric Fingerprint	
Admin fee	
Input detail to system	
1 st invoice raised	