



Application Form

Date:

I. About your child	
First name of child	
Middle name(s)	
Surname	
Preferred full name	
Date of birth	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Religion	
Ethnic origin	
Nationality	
Does your child have any medical conditions or been referred to a specialist?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please state:
Does your child have special educational needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please state:
Does your child have any allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please state:
Does your child have any specific dietary requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please state:
Is your child potty trained?	Yes <input type="checkbox"/> No <input type="checkbox"/>

II. Child's legal guardians	
Mother / Carer 1	
Title	
First name	
Surname	
Home address	
	Postcode: <input type="text"/>
Contact e-mail address	
Home telephone number	
Mobile phone number	
Work telephone number	
Employer name	
Job position / title	
Father / Carer 2	
Title	
First name	
Surname	
Home address	
	Postcode: <input type="text"/>
Contact e-mail address	
Home telephone number	
Mobile phone number	
Work telephone number	
Employer name	
Job position / title	

III. Preferred Sessions					
Please tick sessions:	Monday	Tuesday	Wednesday	Thursday	Friday
Full day (8am-6pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morning (8am-1pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (1-6pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexibility	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Preferred start date					
Eligibility to government funding:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <input type="checkbox"/>				
If Yes, please specify: <input type="checkbox"/> Tax-free childcare <input type="checkbox"/> 15 hours (restricted) – age 2 <input type="checkbox"/> 15 hours (universal) – age 3 <input type="checkbox"/> 30 hours (extended) – age 3 <input type="checkbox"/> Other (please specify):					

IV. Payment information	
Bank transfers	
Bank transfer to:	Little Agnes Nursery Limited
Sort code	40-03-21 (HSBC UK Bank plc)
Account number	32349833
IBAN	GB66HBUK40032132349833
UK Swift	HBUKGB4B
Payment reference	Please use your child's full name as payment reference, this will help us track your payment

Confirmation of payment (FOR STAFF USE ONLY)	
£100 registration fee paid (non refundable)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Payment type	Debit Card / Bank transfer / Cheque.
Payment date	
Checked by (staff name)	

V. Confirmation of application	
Privacy policy	
<input type="checkbox"/>	I consent to being contacted in regards to availability, open days and with information regarding the nursery ¹
How did you hear about our nursery?	
<input type="checkbox"/>	Search engine: (Google, Yahoo, Mozilla, etc.).
<input type="checkbox"/>	Advertisement :
<input type="checkbox"/>	Recommendation: (Family, friends, colleagues, etc.).
<input type="checkbox"/>	Publication, article:
<input type="checkbox"/>	Other:
Application statement and signature	
<input type="checkbox"/>	I/We confirm that I/we have read and understood this form and agree to the contents. I/We understand that Little Agnes Nursery reserves the right to make amendments to this form and to their terms and conditions from time to time.
Print name (Mother / Carer 1)	
Signature (Mother / Carer 1)	
Date	
Print name (Father / Carer 2)	
Signature (Father / Carer 2)	
Date	

¹ A copy of Little Agnes Nursery's Data Protection and Confidentiality Policy is available on request.