

# Application Form

**Date:** [Click or tap to enter a date.](#)

I. About your child	
<b>First name of child</b>	
<b>Middle name(s)</b>	
<b>Surname</b>	
<b>Preferred full name</b>	Preferred name for child, if different from above.
<b>Date of birth</b>	Day / Month / Year.
<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Home address</b>	
	Postcode: <input type="text"/>
<b>Religion</b>	
<b>Ethnic origin</b>	
<b>Nationality</b>	
<b>Languages spoken at home</b>	
<b>Does your child have any medical conditions or been referred to a specialist?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please state:
<b>Does your child have any allergies?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please state:
<b>Does your child have any specific dietary requirements?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, please state:
<b>Is your child potty trained?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Does your child have special educational needs?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If Yes, please state:	
	Click or tap here to enter text.	

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

**Little Agnes Nursery** is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment. It is our aim that all pupils fulfil their potential.

III. Preferred Sessions					
<b>Please tick sessions:</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Full day (8am-6pm)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Flexibility</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Preferred start date</b>	Click or tap to enter a date.				
<b>Eligibility to government funding:</b>	Yes <input type="checkbox"/>		No <input type="checkbox"/>		Not sure <input type="checkbox"/>
<b>If Yes, please specify:</b>					
<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:		If Other, please specify.			

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

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

<b>V. Confirmation of application</b>	
<b>Privacy policy</b>	
<input type="checkbox"/>	I consent to being contacted in regards to availability, open days and with information regarding the nursery <sup>1</sup>
<b>How did you hear about our nursery?</b>	
<input type="checkbox"/>	Search engine: (Google, Yahoo, Mozilla, etc.).
<input type="checkbox"/>	Advertisement : Please specify.
<input type="checkbox"/>	Recommendation: (Family, friends, colleagues, etc.).
<input type="checkbox"/>	Publication, article: Please specify.
<input type="checkbox"/>	Other: Please specify.
<b>Application statement and signature</b>	
<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.
<b>Print name (Mother / Carer 1)</b>	
<b>Signature (Mother / Carer 1)</b>	
<b>Date</b>	Click or tap here to enter text.
<b>Print name (Father / Carer 2)</b>	
<b>Signature (Father / Carer 2)</b>	
<b>Date</b>	Click or tap here to enter text.

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