



APPLICATION FORM

First Name:	
Family Name:	
Relationship to Child:	
Child's Full Name:	
Gender:	
Child's Date of Birth:	
Home Address:	
Home Tel No.	
Work Tel. No.	
Mobile Number:	
Emergency Contact Name:	
Emergency Contact No.:	
Does your child have any medical conditions which nursery staff may need to be aware of?	
Does your child have any particular special needs?	
Please list any allergies:	

Does your child have any dietary requirements?											
Has your child attended a previous setting?											
Please tell us if you are: (please tick box)	Employed [] Unemployed [] Other []										
Details of your expected requirements (please select choice below)											
Days Required:	PLEASE NOTE THAT THERE ARE NO FOR BABIES AND 2-3 YRS										
Times required:	<table border="0"> <tr> <td>Mon</td> <td>Tue</td> <td>Wed</td> <td>Thu</td> <td>Fri</td> </tr> <tr> <td>08.00 – 13.00</td> <td>13.00 – 18:00</td> <td>08.00 – 18.00</td> <td></td> <td></td> </tr> </table>	Mon	Tue	Wed	Thu	Fri	08.00 – 13.00	13.00 – 18:00	08.00 – 18.00		
Mon	Tue	Wed	Thu	Fri							
08.00 – 13.00	13.00 – 18:00	08.00 – 18.00									
Over what period will you need a nursery place? (please complete details in section below)											
From (date): _____ To (approx.): _____											
Any other information that will help us care for your child:											
How did you hear about Little Rainbow Nursery?											
*Deposit of £100 & £40 Registration fee paid:	YES/NO										
Signature: _____ Date: _____											
Full Name: _____											

*IMPORTANT NOTE: PLEASE NOTE THAT THE DEPOSIT AND REGISTRATION FEE MUST BE PAID TO GET ONTO THE WAITING LIST. THE SIGNING OF THIS FORM IS CONFIRMATION TO YOUR UNDERSTANDING AND AGREEMENT THAT THE MONIES PAID ARE NON-REFUNDABLE EXCEPT WHERE SPECIFIED BY THE MANAGER EXPLICITLY IN WRITING. OUR PRIVACY NOTICE CAN BE ACCESSED ONLINE (www.littlerainbownursery.co.uk) THIS COVERS HOW WE COLLECT, USE, STORE & DISCLOSE THE DATA YOU SUPPLY TO US & YOUR RIGHTS ABOUT DATA THAT WE HOLD ABOUT YOU.



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