



Address: Phoenix Nursery, Fry Road, Stevenage, Herts, SG2 0QQ

Email: info@phoenixnursery.co.uk **Tel:** 01438 352366 **Website:** www.phoenixnursery.co.uk

Application Form

I consent that in the event of any accident or illness, any necessary treatment can be administered to my child by a qualified medical doctor when accompanied in my absence, by a member of staff from the Phoenix Nursery.

Parents signature: _____

I do / do not give consent for my child to be taken on short outings/walks with staff.

Parent's signature: _____

Date: _____



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Please ensure you give as much detail about your child as possible, if you would prefer to fill in the form in discussion with us, then please ask

Sections marked as * are part of our settings contract and we will require you to fill these parts. Please circle all YES/NO questions

Details of child

*Full name:

*Date of birth:

Ethnic origin:

Religion:

*Languages spoken at home:

*Address:

Post code:

*Contact numbers (including personal and work numbers)

*Names of parents/guardians:

*Parents Email address:

*Any other adults with parental responsibility/rights:



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Any alternative access arrangements

*Please provide details of two people who can collect your child and have your authority to act in an emergency for your child

Name:

Contact number:

Relationship to your child:

Permission granted in emergency contact consent form : YES/NO

Name:

Contact number:

Relationship to your child:

Permission granted in emergency contact consent form : YES/NO

We will not use this information until the emergency consent form has been returned to us

Health Record

Child's Doctor:

Child's Health visitor:

Surgery Address:

NHS number:



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Immunisations: Please indicate if your child is up to date as appropriate.

MMR	Y / N
Meningitis C	Y / N
Polio	Y / N
Whooping cough	Y / N
Tetanus	Y / N
Diphtheria	Y / N
Hib	Y / N

*Please detail any known allergies or food intolerances, including how they react to them (so we know what symptoms to look for in cases of emergency) :

Are there any other dietary requirements we need to know? For example if your child can not eat meat/fish/dairy:

*Please detail any medical problems we should know about (Asthma, eczema etc.):

Do nursery staff need any special training to be able to accommodate your child's medical needs?



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Additional information

*Does your child have any diagnosed special needs or any additional support?

*Has your child previously attended a childcare setting or will be attending any other childcare setting?

Permissions

I give consent for the nursery to apply sun cream to my child (this will be billed annually to parents at £3.00 each May) YES/NO

I give consent for nursery staff to apply nappy cream when required
YES/NO

I give consent for my child's name to be given to other parents in the event of birthday party lists or Christmas card lists
YES/NO

I give consent for nursery staff to put a hypoallergenic plaster onto a minor wound if necessary to keep a wound clean YES?NO

**I wish to enrol my child at Phoenix Nursery starting from
..... I understand that Phoenix Nursery uses Tapestry
to track children's learning and development.**

Parent's signature: _____

Date: _____

Name of parent/s enrolling child: _____

Childs name: _____