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**Kingsmeadows Nursery**

**Cavalry Park, Kingsmeadows Road, Peebles, EH45 9BU**

**Telephone 01721 720175**

**Application Form 2 – 3 years**

**Child Details**

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Known Name \_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_

**Alternative Emergency Contact**

Name:

Address:

Mobile No:

Password:

**GP Details**

Name:

Surgery:

Address:

Phone No:

**Second Carer Details**

Relationship To Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work/Home No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Primary Carer Details**

Relationship To Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work/Home No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hair Colour** | | **Eye Colour** | | **Language(s)** | | **Ethnicity** | | **Nationality** | |
| Blonde |  | Blue |  | Chinese |  | African |  | African |  |
| Light Brown |  | Green |  | Dutch |  | Afro-Caribbean |  | British |  |
| Dark Brown |  | Grey |  | English |  | Arabic |  | Chinese |  |
| Red |  | Brown |  | French |  | Asian |  | French |  |
| Black |  | Other: |  | German |  | Caucasian |  | German |  |
| Other: |  |  |  | Italian |  | Chinese |  | Indian |  |
|  |  |  |  | Japanese |  | Indian |  | Japanese |  |
|  |  |  |  | Polish |  | Jewish |  | Polish |  |
|  |  |  |  | Spanish |  | Mixed Race |  | Spanish |  |
|  |  |  |  | Other: |  | Other: |  | Other: |  |

**Other Details**

**Immunisations –** Are your child’s immunisations up to date? Yes / No

**Child’s Health Visitor –** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do we have permission to contact your child’s health visitor? Yes / No

**Allergies –** Does your child suffer from any allergies? Yes / No

If yes, please list allergies and detail what action you take: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dietary Requirements –** Please list any specific dietary requirements we should be aware of for your child (i.e. vegetarian, gluten free, dairy free etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permissions**

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Medical Attention |  | Photos |  |
| Medication (if supplied) |  | Website Photos |  |
| Face Painting |  | Facebook Photos |  |
| Toothbrushing |  | Learning Journal Photos |  |
| Sun Cream |  | Learning Journal Group Photos |  |
| Trips and Outings |  |  |  |

**Session Request**

Please indicate in the boxes below your preferred session days/times

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Morning | Mon | Tues | Wed | Thurs | Fri | Afternoon | Mon | Tues | Wed | Thurs | Fri |
| 7am-12.30 |  |  |  |  |  | 12.30-4pm |  |  |  |  |  |
| 8am-12.30 |  |  |  |  |  | 12.30-5pm |  |  |  |  |  |
| 9am-12.30 |  |  |  |  |  | 12.30-6pm |  |  |  |  |  |

Please note:

* It is important to ensure that you adhere to booked session times to ensure staff:child ratios are maintained.
* We are a pet friendly setting; therefore your child may come in to contact with supervised animals during their time with us.
* One month’s written notice is required for any reductions to sessions booked and for cancellation of nursery places.
* Sessions are not transferable.
* Children may only be collected from the setting by adults as stated in the application form, unless otherwise advised.
* I authorise nursery staff to take my child on trips by foot or mini bus.
* Information provided is held securely and used in accordance with General Data Protection Regulation (GDPR) requirements.

**Preferred Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**