

 Adventurous Beginnings Childcare

*Application Form*

# Full name of child…………………………………………………………….…………………………………………………

Age……..…….…...… Date of birth….……….……………..…...… Religion…………………..……….....………..…

 Home Address…..……………………………………………………………………

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 ………………………………………………………………………

 ………………………………………………………………………

 Home telephone No ……….…….………..……………………………………….

 E-mail address……................................................................................

Names of parents/guardians…………….…………………………………………………..…………….…………………………

EMPLOYED: **- MOD / CIVILLIAN**

SERVICE PERSONNEL TITLE**:**

**SERVICE NUMBER**……..…..……………………………………………………………………..

FLAGSHIP OR OTHER (please state) ….…………………………………………………………………………………………

**STAFF NUMBER**……………………………………………..…….…………………………………………………………………..

Daytime telephone No 1,………………………………………………...2,…..………………………………..…………………...

Daytime address 1,……………………………….…….…...…...2,……………………………………………...…………..

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NAME OF PERSON(S) IN CASE OF EMERGENCY…………………………………………….……………………….

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Name, Address, Telephone No of: -

DOCTOR HEALTH VISITOR DENTIST

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MEDICAL DETAILS e.g., Allergies………………………………………………………………………….….…………………….

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Does your child have any SEND requirements (Special educational needs and disabilities) ..............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

Which Language is spoken at home? ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Any other information you wish to tell us about……………………………………………………….………………….

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IMMUNISATION / ILLNESS RECORD (Please circle all relevant)

ILLNESS IMMUNISATIONS RECEIVED

## Chicken Pox Diphtheria Diphtheria Whooping Cough

## Scarlet Fever Measles Tetanus Polio

## German Measles Meningitis C

Other

**Please specify** ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

I **GIVE** / **DO NOT GIVE** Consent For my Child’s temperature to be taken when necessary, using an

electronic thermometer.

I **GIVE** / **DO NOT GIVE** Consent for the use of adhesive dressings on my child I.E., plasters.

I **GIVE** / **DO NOT GIVE** Consent for first aid to be administered in the event of an emergency.

I **GIVE / DO NOT GIVE** permission for professional Medical advice or treatment to be sought for my child. I understand that if hospital treatment is required, the Manager or deputy manager will accompany my child until I arrive.

I **GIVE** / **DO NOT GIVE** Consent for my Child to be photographed in the Nursery at any time. (All Media will be stored in a secure cabinet within the Office. Photographs will be used to help your child identify their coat peg or may be used within their Development files as evidence.

I **GIVE** / **DO NOT GIVE** Permission for my Child to be taken out of the Nursery to visit the surrounding areas within HMS sultan.

I **GIVE** / **DO NOT GIVE** Consent for Nursery staff to record observations on my Child’s development and take any photo/video footage as evidence of these observations.

I **GIVE** / **DO NOT GIVE** Permission for the information on this Application form to be stored on our Management database.

Days/Sessions required…………………………………………………………………………………………………………………………………

Date you wish your child to start…………………………………………….……….

I have been notified of the Nursery Policies and agree to adhere to the regulations.

I would like my child to be registered at Merritime Nursery.

SIGNED PARENT / GUARDIAN…………………………………………………………….… DATE…………………………….…

## BIRTH CERTIFICATE SEEN FOR FUNDED CHILDREN

## Manager/Deputy Manager full name………………………………………….…………………………….

## Manager/Deputy Manager signature…………………………………………………………….… ………

##  DATE.……………………….…….

## Update 25/01/21.