

Adventurous Beginnings Childcare

*Waiting List Application Form*

# FULL NAME OF CHILD………………………………………………….………………...……….………………..

AGE OF CHILD AT TIME OF STARTING ….………...…...…DATE OF BIRTH….………….……...….

RELIGION…….……………..………..…. Email……………………………………………………………………

HOME ADDRESS .…….……………………….……………………………………………………..

…………………………………………………………………………………

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…………………………………………………………………………………. …

HOME/ MOBILE No: …..…….………………………...………………………...........................

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,…………..…………….…………..

……………………………………… ………………………………….……..

……………………………………… ……….…..………………………........

………………………………………… …….…..………………….…………..

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

.……………………………………………………………………………………….……….……………..............

SEND (Special educational needs and disabilities) ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Which language is spoken at home? ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

ANY OTHER INFORMATION YOU WISH TO TELL US ABOUT…………………..………………….

……………………………………………………………..………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………

I **GIVE** / **DO NOT GIVE** PERMISSION FOR THE INFORMATION ON THIS APPLICATION FORM TO BE STORED ON A MANAGEMENT DATABASE.

DAYS / SESSIONs REQUIRED…………………………………..……………………………………………………..

DATE YOU WISH YOUR CHILD TO START……………….……………………………………………………….

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

### For Nursery Use Only

Date Application form received…………………..… Date of Follow up call…………………………………….

Deposit of £100 received via **BANK TRANSFER /CHEQUE OR CASH**

Date deposit received …………………………………………………………………………….

Manager/Deputy Manager Name……………………………………………………………

Manager/Deputy Manager Signature………………..……………………………………

Date……………….

Updated 25/01/2021.