Cranley Nursery

www.cranleynursery.co.uk enquiries@cranley.co.uk

Enrolment details

Full name of child:		Date of birth:	Male \square Female \square
Ethnic background/Languag	e spoken at home:		
Home address:			
Postcode:	Telephone:	Email:	
Emergency det	ails		
Primary carer:	Occupation:	Relationship to child:	
Work:	Home:	Mobile:	
Secondary carer:	Occupation:	Relationship to child:	
Work:	Home:	Mobile:	
Emergency contact: (must be	e different from above contacts)	Relationship to child:	
Work:	Home:	Mobile:	

Child/medical details

Child to be collected by:

Immunisation details:
Up to date Yes □ No □

Sessions required (Please indicate)

I wish my child to start on the following date:

Buckstone sessions are available 0800-1800 and Lanark Road is available 0730-1800

(Please indicate)	Monday	Tuesday	Wednesday	Thursday	Friday
Full Day					

application form

Terms and Conditions

I have read and agree to the Cranley Nursery Limited's terms and conditions.

Signed Date	Date		
Permissions	PLEASE TICK		
I am aware that Cranley nursery has a Child Protection and Complaints Procedure Policy.			
I give Cranley Nursery permission to take photographs of my child which can be used for display in the nursery and on the nursery website.			
I give Cranley Nursery permission to include photographs of my child in group pictures for their ' Personal Learning Plan'. I understand these would be included in other children's profiles as well as my own child's profile.	□ ary. □		
I give Cranley Nursery permission to take my child on supervised walks around the local area, e.g. local Library.			
I give Cranley Nursery permission to take my child on supervised trips on the Nursery Minibus, but understand thatI will be given detail of these trips in advance.			
I give Cranley Nursery permission for my child to brush his/her teeth in the nursery. I understand the nursery will supply a toothbrush for my child.			
I give Cranley Nursery staff permission to apply sun cream during the summer months.			
I give Cranley Nursery staff permission in the event of an accident, or my child requiring emergency medical treatment, to take the child to a GP or Hospital as required after being informed.			
I give Cranley Nursery staff permission to administer medicine to my child after completing a medical form.			
All about your child Is there any information you would like to share with to help your child feel settled e.g. comforters, favour			
Signed Date			
FOR NURSERY USE ONLY Deposit received Date			