



# Children's Application Form

155 Walsall Road  
Norton Canes  
WS11 9QX  
Tel: 01543 274785

15 Lichfield Road  
Stafford  
ST17 4JX  
Tel: 01785 214040

Grainger Drive  
Leegomery  
Telford, TF1 6UL  
Tel: 01952 246002

[www.honeybunsnurseries.co.uk](http://www.honeybunsnurseries.co.uk)

email: [care@honeybunsnurseries.co.uk](mailto:care@honeybunsnurseries.co.uk)

**Application to join: Telford / Stafford / Norton Canes (circle as applicable)**

Name of child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name(s) and address(es) of parents making the application:

<p><b>Parent 1 Name:</b></p> <p>Address:</p> <p>Postcode:</p> <p>Home Tel:</p> <p>E-mail Address for letters, newsletters and accounts invoices</p> <p>_____</p>	<p><b>Parent 2 Name:</b></p> <p>Address:</p> <p>Postcode:</p> <p>Home Tel:</p> <p>E-mail Address for letters, newsletters and accounts invoices</p> <p>_____</p>
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Signature of Parent(s)

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Start Date: \_\_\_\_\_ Date \_\_\_\_\_

Please Indicate Sessions/Days required:

<b>Day</b>	<b>Rise &amp; Shine Club 6.30 -7.30am</b>	<b>Morning Session</b>	<b>Afternoon Session</b>	<b>Full Day</b>	<b>Funded Session</b>
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

## Registration Form

### Basic Details

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name known as: \_\_\_\_\_

Gender (male or female) \_\_\_\_\_

Ethnic Group: \_\_\_\_\_

### Name of Parent(s)

Parent 1: \_\_\_\_\_

Does this parent have parental responsibility / legal contact ? Yes/No (delete)

Parent 2 : \_\_\_\_\_

Does this parent have parental responsibility / legal contact ? Yes/No (delete)

\_\_\_\_\_

### Name of parent with whom the child does not live (if applicable)

Does this parent have parental responsibility/ legal contact ? Yes /No (delete)

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Does this parent have legal access to the child? Yes/No (delete)

### E-mail Address for letters, newsletters

\_\_\_\_\_

## Emergency Contact Details

**Parent 1** – Work number: \_\_\_\_\_

Daytime contact number: \_\_\_\_\_

Mobile: \_\_\_\_\_

Name & Address \_\_\_\_\_

of Workplace (if applicable) \_\_\_\_\_

**Parent 2** – Work number: \_\_\_\_\_

Daytime contact number: \_\_\_\_\_

Mobile: \_\_\_\_\_

Name & Address \_\_\_\_\_

of Workplace (if applicable) \_\_\_\_\_

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### Other emergency contacts & Persons authorised to collect the child (must be over 16 years of age)

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

4. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

## **Fees & Deposit**

### **DEPOSIT**

**A deposit of £100 is required to secure your child's place; this deposit is refundable when your child starts Nursery and you agree to pay fees by Standing Order. Should you wish to pay using any other method, the £100 deposit will be deducted from your final months fees on leaving nursery. Please note - 4 weeks notice must have been given in writing to terminate the nursery place. The deposit payable is non-refundable should you decide that you no longer require the place, once the booking has been made.**

**Nursery Fees are due monthly payable in advance on the 1<sup>st</sup> of the month.**

**I / We agree to pay the first month's fees on the first pre-visit, and then to pay subsequent monthly fees in advance by standing order, or alternative method.**

**Parent(s) Signature(s).....**

**Date.....**

**Pre-visit Session 1 .....**

**Pre-visit Session 2.....**

## Health & Medicine

Childs Name

### Childs Doctor:

Address:

Telephone:

**Health Visitor:**

Telephone:

Has your child had all immunisations/vaccinations?

If no list diseases not covered

Does your child have any special needs or disabilities?

Does your child have any allergies?

If yes, please list

(If yes this will be discussed and risk assessment carried out on induction)

Does your child require special dietary requirements

Does your child need have any long term illnesses or medication requirements?

(If yes this will be discussed and risk assessment carried out on induction)

## Consent Forms

### Medication & Accident Book

**I hereby give my consent for any person bring or collecting my child the authority to sign the Medication or Accident form for my child**

Childs Name.....

Parent Signature.....

Parent Name.....

Date.....

### Sun Cream

**I hereby give my consent for staff to apply Sun Cream on my child, when appropriate.**

Childs Name.....

Parent Signature.....

Parent Name.....

Date.....

### Clothing

**There may be times when the temperatures become uncomfortable for the children. We may think it appropriate to remove the children's tops at this time. If you agree with this action please complete the consent below.**

**I hereby give my consent for Honeybuns to remove my child's top during Hot weather when deemed to be appropriate.**

Childs Name.....

Parent Signature.....

Parent Name.....

Date.....

### Outings

**As part of our activities we like to take the children out of nursery. This could be for going to the park, library, nature trails, etc. These trips are fully supervised. If you would like your child to participate in these activities please complete the consent below.**

**I hereby give my consent for my child to participate in activities away from the nursery**

Childs Name.....

Parent Signature.....

Parent Name.....

Date.....

**Data Protection**

**To comply with legal requirements of Data Protection it is necessary to have written permission from parents/guardians before the child’s work can be used for any display or promotional purposes. This also applies to any photographic images of your child.**

**The permission will be counted as valid for the duration of your child’s time at the nursery unless you notify us in writing.**

**I do/do not give permission for nursery staff to observe my child and use photographs/ recordings taken with nursery camera to put in my child’s learning journey profile**

**I do/do not give permission for photographs of my child to be displayed in nursery**

**I do/do not give permission for photographs of my child to be used in nursery publicity material, e.g brochure, flyers, posters**

**I do/do not give permission for photographs/ recordings of my child to be used on the nursery website for promotional reasons only**

**I agree/do not agree to my child being photographed and named in the press and on publicity materials**

**I do / do not give permission for my child to be photographed and named on Facebook or Twitter social networking sites**

Childs Name.....

Parent Signature.....

Parent Name.....

Date.....

**Emergency Consent Form**

**I hereby give my consent for Honeybuns Nursery to call for and seek emergency medical treatment for my child should the need arise.**

**I understand that I will be notified immediately should my child need emergency treatment.**

Childs Name.....

Parents Signature.....

Emergency Contact Number 1 .....

2.....



**Information Sharing**

**I understand that information about my child may be shared with external agencies with regard to any special needs your child may have or transition into school. Learning profiles are shared with other settings and school.**

Parent Signature .....

Date .....

**We may also share information without consent, when it is a matter of safeguarding a child**

**Access to the Building**

**Honeybuns operates secure intercom systems at the nurseries to ensure the safety of all children.**

**It is essential that there is a password for entry when you arrive at the nursery. Please keep this password secure at all times and only share with people who you have given permission to collect your child.**

**From time to time parents arrive at the nursery at the same time. It is essential that you do not let anyone else into the nursery at time of arrival.**

**Please provide a password for your child:**

Childs Name.....

Password.....

Parent Name.....

Parent signature.....

Date.....

For Office Use only	
Details on PC	
Application form checked with parent	
Account opened	
Welcome Pack	
Policies & Procedures	
ID Card	