



St Gregory's Hall, Swarcliffe Drive, Leeds LS14 5AW
www.scribblesleeds.co.uk

APPLICATION FORM

Full name of child:		Name usually known by:	
Date of Birth:		NHS No:	
Address:			
Postcode:		Main Phone:	

Mother's Details

Mother's name:		DOB:	
Occupation:		Employer:	
Work phone:		Mobile phone:	
Employer's Address:			
Email address:			
Address (if different from child's):			
Address:		Postcode:	
NI No			

Father's Details

Mother's name:		DOB:	
Occupation:		Employer:	
Work phone:		Mobile phone:	
Employer's			
Email address:			
Address (if different from			
Address:		Postcode:	
NI No			

Who has parental responsibility?

Name:		Name:	
Are there any contact restrictions (if yes please give details below)?			
Details:			

Other Emergency Contacts:			
Name:			
Phone:		Relationship to child:	
Name:			
Phone:		Relationship to child:	
Name:			
Phone:		Relationship to child:	

Sessions required: Enter Yes/No as required			
Day	AM (8am – 1pm)	PM (1pm – 6pm)	Full Day
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Medical information:			
Doctor's name:			
Surgery address:			
Postcode:		Phone No:	
Health visitor's name:		Phone No:	

Medical Details
Does your child have any medical problems that we should be made aware of? Please give details below:

Allergies
Does your child have any allergies that we should be made aware of? Please give details below:

Long Term Medication
Is your child on any long-term medication that we should be made aware of? Please give details below:

Special Dietary Requirements
Does your child have any special dietary requirements? Please give details below:

Permissions:	Enter Yes/No
Do you give the nursery permission to take photographs of your child for development	
Do you give the nursery permission to take photographs of your child for promotional	
Do you give the nursery permission to use sun cream (factor15+)?	
Do you give the nursery permission to use baby wipes/teething gel/sudocrem?	
Do you give the nursery permission to administer first aid?	
Do you give the nursery permission to administer paracetamol suspension if needed?	

Signature:	<i>(Please sign or type full name)</i>		Date:

Collection Arrangements	
Name:	Relationship to child:
Name:	Relationship to child:
Name:	Relationship to child:
As an extra precaution you may use a password. Password:	
Anyone collecting your child should be made aware of this	

Child's Background	
Child's Religion:	Child's Ethnic Group:
What is the first language spoken at home?	
Is there any other language spoken at home?	

I understand and acknowledge that the fees due for my child's nursery place are to be paid monthly in advance by bank transfer and are non-refundable due to absence. I further agree to give one month's notice or payment in lieu of notice if I wish to withdraw my child from the nursery. I understand that failure to pay said fees may result in loss of childcare provision.

Signature:	<i>(Please sign or type full name)</i>		Date:



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