

Application Form

Incomplete forms will not be considered

Child details

Surname First name

Date of Birth Nationality

Male/ Female (delete as appropriate)

Mother/Guardian details

Surname First name

Address

Post Code

Home telephone Email

Occupation

Staff Number Student Number

University Department Telephone Ext

Place of work/study
Other than university

Email Telephone

Sessions required

NOTE: the minimum requirement is 5 sessions

Monday	Tuesday	Wednesday	Thursday	Friday	
am	pm	am	pm	am	pm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you prepared to accept sessions other than those ticked above? **Yes/No** (delete as appropriate)

Date of entry required

(Dependent on age of child and available places)

Father/Guardian details

Surname	<input type="text"/>	First name	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Post Code	<input type="text"/>
Home telephone	<input type="text"/>	Email	<input type="text"/>
Occupation	<input type="text"/>		
Staff Number	<input type="text"/>	Student Number	<input type="text"/>
University Department	<input type="text"/>	Telephone Ext	<input type="text"/>
Place of work/study Other than university	<input type="text"/>		
Email	<input type="text"/>	Telephone	<input type="text"/>

Family doctor

Name	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>		

Is your child regularly taking medicines prescribed by a doctor? **Yes/ No** (delete as appropriate)

Does your child have any serious health problems?

Declaration

In case of emergency, if I cannot be contacted at my home/workplace telephone numbers as given, I hereby give my authority for my child to receive urgent medical treatment if necessary.

Signed	<input type="text"/>	Date	<input type="text"/>
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If my child is accepted, I agree to abide by the terms and conditions in the policy booklet and to pay the fees monthly in advance. I also agree to give 1 months notice in writing to the Early Years Centre manager if I wish to change my sessions or to terminate the use of the nursery. I note that fees due for the period by which ONE month exceeds the notice given must be paid.

I am the above child's **Parent/Legal Guardian** (delete as appropriate)

Signed	<input type="text"/>	Date	<input type="text"/>
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(The university reserves the right to reject the application for admission of an individual child without stating the reason for rejection)