



# NURSERY APPLICATION FORM

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
	<input type="checkbox"/> FT	<input type="checkbox"/> FT	<input type="checkbox"/> FT	<input type="checkbox"/> FT	<input type="checkbox"/> FT
	<input type="checkbox"/> BC	<input type="checkbox"/> BC	<input type="checkbox"/> BC	<input type="checkbox"/> BC	<input type="checkbox"/> BC
	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
	<input type="checkbox"/> AS	<input type="checkbox"/> AS	<input type="checkbox"/> AS	<input type="checkbox"/> AS	<input type="checkbox"/> AS

**Attendance:**  
 Full Time  
 Full Week

CHILD'S INFORMATION

**CHILD'S NAME**      **DATE OF BIRTH**

First      Last      M.I.      Month      Day      Year

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MALE      **Position in family**      **Languages Spoken**

FEMALE       1<sup>st</sup>       2<sup>nd</sup>       3<sup>rd</sup>       4<sup>th</sup>       5<sup>th</sup>       6<sup>th</sup>       English Only       Other, \_\_\_\_\_

**HOME ADDRESS**      Street Address      Apt. No.      Home Telephone

City										Post Code																		

PRIMARY CONTACT

**PARENT / GUARDIAN'S NAME**  
(Mark one)

Father       Mother       Other

First      Last

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Address (If different from above)      Street Address      Apt. No.      Home Telephone

City										Post Code					Mobile Number													

E-mail      Your email address will be used to communicate information about Beau Monde and your child's progress. It will not be shared with any third party.

I choose not to provide my email address

**Responsibilities (Check all that apply)**      **Password**

Parental Responsibility       Payment of Fees       Contact in Emergency       Collect Child

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SECONDARY CONTACT

**PARENT / GUARDIAN'S NAME**  
(Mark one)

Father       Mother       Other

First      Last

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Address (If different from above)      Street Address      Apt. No.      Home Telephone

City										Post Code					Mobile Number													

E-mail      Your email address will be used to communicate information about Beau Monde and your child's progress. It will not be shared with any third party.

I choose not to provide my email address

**Responsibilities (Check all that apply)**      **Password**

Parental Responsibility       Payment of Fees       Contact in Emergency       Collect Child

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**IN CASE OF EMERGENCY 1**

First	Last	Relationship to Child
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Password</b> <input type="text"/>	<b>Responsibilities</b> <input type="checkbox"/> Collect Child <input type="checkbox"/> Contact in Emergency	
<b>ADDRESS</b> Street Address <input type="text"/>	Apt. No. <input type="text"/>	Post Code <input type="text"/>
City <input type="text"/>	Telephone <input type="text"/>	Mobile Phone <input type="text"/>

**IN CASE OF EMERGENCY 2**

First	Last	Relationship to Child
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Password</b> <input type="text"/>	<b>Responsibilities</b> <input type="checkbox"/> Collect Child <input type="checkbox"/> Contact in Emergency	
<b>ADDRESS</b> Street Address <input type="text"/>	Apt. No. <input type="text"/>	Post Code <input type="text"/>
City <input type="text"/>	Telephone <input type="text"/>	Mobile Phone <input type="text"/>

**IN CASE OF EMERGENCY 3**

First	Last	Relationship to Child
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Password</b> <input type="text"/>	<b>Responsibilities</b> <input type="checkbox"/> Collect Child <input type="checkbox"/> Contact in Emergency	
<b>ADDRESS</b> Street Address <input type="text"/>	Apt. No. <input type="text"/>	Post Code <input type="text"/>
City <input type="text"/>	Telephone <input type="text"/>	Mobile Phone <input type="text"/>

Does your child participate in other enrichment programs?  Yes  No

If yes, list below

Name of Facility	Contact Person	Phone	Email	Duration Attending
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



PERMISSIONS

Tick each box to provide your consent.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Administer Calpol / Calgel | <input type="checkbox"/> Emergency Medical Attention                    | <input type="checkbox"/> Outings              |
| <input type="checkbox"/> Baby Bath                  | <input type="checkbox"/> To take photos/videos to use in nursery        | <input type="checkbox"/> Vaseline             |
| <input type="checkbox"/> Sun Cream                  | <input type="checkbox"/> To administer basic first aid                  | <input type="checkbox"/> Plasters             |
| <input type="checkbox"/> Hair Wash                  | <input type="checkbox"/> Photos to use for online learning journey      | <input type="checkbox"/> Sudocrem             |
| <input type="checkbox"/> Medication                 | <input type="checkbox"/> To seek medical attention in an emergency      | <input type="checkbox"/> Website              |
| <input type="checkbox"/> Nail Cut                   | <input type="checkbox"/> To take child off the premises in an emergency | <input type="checkbox"/> To apply face paints |
| <input type="checkbox"/> Nappy Cream                | <input type="checkbox"/> To take photos/videos outside (on trips)       | <input type="checkbox"/> Teething Gel/Powder  |

BACKGROUND DETAILS

**Ethnicity:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Declined             | <input type="checkbox"/> Chinese                         | <input type="checkbox"/> Other Vietnamese            |
| <input type="checkbox"/> Asian Bangladeshi    | <input type="checkbox"/> Greek Or Greek Cypriot          | <input type="checkbox"/> Refused                     |
| <input type="checkbox"/> Asian Indian         | <input type="checkbox"/> Gypsy/Roma                      | <input type="checkbox"/> Traveller Of Irish Heritage |
| <input type="checkbox"/> Asian Other          | <input type="checkbox"/> Irish                           | <input type="checkbox"/> Turkish/Turkish Heritage    |
| <input type="checkbox"/> Asian Pakistani      | <input type="checkbox"/> Mixed Other                     | <input type="checkbox"/> Unknown                     |
| <input type="checkbox"/> Black African        | <input type="checkbox"/> Mixed White And Asian           | <input type="checkbox"/> White British               |
| <input type="checkbox"/> Black African Other  | <input type="checkbox"/> Mixed White And Black African   | <input type="checkbox"/> White European              |
| <input type="checkbox"/> Black African Somali | <input type="checkbox"/> Mixed White And Black Caribbean | <input type="checkbox"/> Black Other                 |
| <input type="checkbox"/> Black Caribbean      | <input type="checkbox"/> White Other                     | <input type="checkbox"/> Other                       |

**Hair Colour:**

- Black   
  Blonde   
  Dark Brown   
  Light Brown   
  Red

**Eye Colour:**

- Blue   
  Brown   
  Green   
  Hazel

**Ethnicity:**

- |                                     |   |                                   |                                     |
|-------------------------------------|---|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> African    | <input type="checkbox"/> Canadian         | <input type="checkbox"/> German   | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> American   | <input type="checkbox"/> Chinese          | <input type="checkbox"/> Indian   | <input type="checkbox"/> Spanish    |
| <input type="checkbox"/> Australian | <input type="checkbox"/> Dual Nationality | <input type="checkbox"/> Irish    |                                     |
| <input type="checkbox"/> Brazilian  | <input type="checkbox"/> Dutch            | <input type="checkbox"/> Japanese |                                     |
| <input type="checkbox"/> British    | <input type="checkbox"/> French           | <input type="checkbox"/> Polish   |                                     |

**Religion:**

- |                                    |   |  |                                 |
|------------------------------------|---|--|---------------------------------|
| <input type="checkbox"/> Baptist   | <input type="checkbox"/> Church Of England  | <input type="checkbox"/> Jehovah Witness | <input type="checkbox"/> None   |
| <input type="checkbox"/> Buddhist  | <input type="checkbox"/> Church Of Scotland | <input type="checkbox"/> Jewish          | <input type="checkbox"/> Shinto |
| <input type="checkbox"/> Catholic  | <input type="checkbox"/> Hindu              | <input type="checkbox"/> Methodist       |                                 |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Muslim             | <input type="checkbox"/> Sikh            |                                 |

FUNDING

**3 Year Funding**

- 15 hours  
 30 hours    Code

**2 Year Funding**

- 15 hours    Code

Parent/Guardian's Signature

Date

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