



HARVEY ROAD DAY NURSERY LIMITED

9/10 Harvey Road

Cambridge CB1 2ET

Telephone (01223) 363860

Email office@hrdn.uk

www.harveyroaddaynursery.org.uk

Nursery Manager

Suzanne Baldry

APPLICATION FORM FOR WAITING LIST

Child's Surname

Child's Names

Date of Birth/expected due date

Parent/Carer's Details whom the child lives with

1st Parent/Carer Surname

1st Parent/Carer Names

Address

Phone Numbers

Home

Work

Mobile

Email

Ethnic Origin

Occupation

First Language

2nd Parent/Carer Surname

2nd Parent/Carer Names

Address

Phone Numbers

Home

Work

Mobile

Email

Ethnic Origin

Occupation

First Language

Main religion at home

Relevant medical Information

Allergies

Immunisations

Other serious illnesses/hospitalisations

Date starting the Nursery		
Introduction Period	from	to

Please tick one of the hours boxes below

Full time hours ☐

5 days per week

Funded hours only ☐

30 hours only

NB: I agree to allow my child to participate in nursery's life as outlined in the Harvey Road Day Nursery Limited guidelines. In the event of an emergency and when a parent cannot be contacted, my child can be treated by a Doctor summoned by the Nursery.

I consent to the above data being held and used by the Nursery

I enclose/will forward a non-refundable registration fee of £50.00 to join the waiting list.

Payment of the registration fee does not guarantee a place.

No registration fee is payable for the 15 hours stand-alone Early Years Entitlement Funding.

Signed and Dated by Parent/Carer

Signature

Date