

**HARVEY ROAD DAY NURSERY LIMITED**

9/10 Harvey Road

# Cambridge CB1 2ET

# Telephone (01223) 363860

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www.harveyroaddaynursery.org.uk

*Nursery Manager* Suzanne Baldry

**APPLICATION FORM FOR WAITING LIST**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | Child’s Surname | | | |  | | | | | | | |  | | Child’s Names | | | | | | | | |  | | | | | | | |  | | | |
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|  | | | | | Date of Birth/expected due date | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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|  | | | | | **Parent/Carer’s Details whom the child lives with** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
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|  | | | | | 1st Parent/Carer Surname | | | | | |  | | | | | | |  | | 1st Parent/Carer Names | | | | | | | | | |  | | | | | | | | | |
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|  | | | | | Address | | | |  | | | | | | | | | Phone Numbers | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | Home | | | | | |  | | | | | | | |  | |
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|  | | | | | | | | Work | | | | | |  | | | | | | | |  | |
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|  | | | | |  | | | |  | | | | | | | | Mobile | | | | | | | | | | |  | | | | | | | |  | | | |
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|  | | | | | Email | | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | |
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|  | | | | | Ethnic Origin | | | | | | Occupation | | | | | | |  | | First Language | | | | | | | | | | | |  | | | | | | | |
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|  | | | | | 2nd Parent/Carer Surname | | | | | |  | | | | | |  | | 2nd Parent/Carer Names | | | | | | | | | | | |  | | | | | | | | |
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|  | | | | Address | | |  | | | | | | | | Phone Numbers | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | Home | | | | | |  | | | | | | | |  | |
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|  | | | | | Email | | | |  | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | |
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|  | | | | | Ethnic Origin | | | | | | Occupation | | | | | | |  | | First Language | | | | | | | | | | | |  | | | | | | | |
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|  | | | | | Main religion at home | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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|  | | | **Relevant medical Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | Allergies | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | Immunisations | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | | Other serious illnesses/hospitalisations | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | Date starting the Nursery | | | | | | | |  | | | | | | | | |  | | | | | |
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|  | | Introduction Period | | | | | | from | |  | | | to | | | | | | | | | |  | |
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|  | |  | |  | | | | |  | | | | | | | | | | | | | |  | |
|  | | Times of attendance | | | | | | | Full time | | | | | |  | Morning |  | Afternoon | | |  |  | | |
|  | |  | |  | | | | |  | | | | | | | | | | | | | |  | |

*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*

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|  | **I enclose/will forward a non-refundable registration fee of £50.00 to join the waiting list.**  (N/A for the 15 hours stand alone education grant places, this applies to children over 3 years old only) | | | |  | |
|  |  |  |  | |  | |
|  | Signed and Dated by Parent/Carer  Signature   |  | | --- | |  | | | | Date   |  | | --- | |  | |  |
|  |  |  |  | |  | |