



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		
<input type="text"/>	<input type="text"/>		
Date of Birth/expected due date	<input type="text"/>		
Parent/Carer's Details whom the child lives with			
1 st Parent/Carer Surname	1 st Parent/Carer Names		
<input type="text"/>	<input type="text"/>		
Address	Phone Numbers		
	Home	<input type="text"/>	
	Work	<input type="text"/>	
	Mobile	<input type="text"/>	
Email	<input type="text"/>		
Ethnic Origin	Occupation	First Language	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
2 nd Parent/Carer Surname	2 nd Parent/Carer Names		
<input type="text"/>	<input type="text"/>		
Address	Phone Numbers		
	Home	<input type="text"/>	
	Work	<input type="text"/>	
	Mobile	<input type="text"/>	
Email	<input type="text"/>		
Ethnic Origin	Occupation	First Language	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Main religion at home	<input type="text"/>		
Relevant medical Information			
Allergies			
<input type="text"/>			
Immunisations			
<input type="text"/>			
Other serious illnesses/hospitalisations			
<input type="text"/>			

Date starting the Nursery

Introduction Period

from

to

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

On receipt of this form, we will send you our bank details for payment of the £50.00 non-refundable registration fee to join the waiting list.

(N/A for the 15 hours stand-alone education grant places, this applies to children over 2 and 3 years old only)

Signed and Dated by Parent/Carer

Signature

Date