

**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 |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*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.**(N/A for the 15 hours stand-alone education grant places, this applies to children 3/4 years old only) |  |
|  |  |  |  |  |
|  | Signed and Dated by Parent/CarerSignature

|  |
| --- |
|  |

 | Date

|  |
| --- |
|  |

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|  |  |  |  |  |