



**NURSERY APPLICATION FORM**

Child's surname

Child's other names

Preferred name

Date of birth  Male/Female

Address

Postal code

Home telephone  Mobile number

Religion  Ethnic origin

**Parent Details**

**Parent 1.**

National Ins Number  Date of Birth

Employer details (if relevant)

Company name

Address

Postal code  Telephone number

E-Mail

**Parent 2.**

National Ins Number  Date of Birth

Employer details (if relevant)

Company name

Address

Postal Code  Telephone number

E- Mail



**EMERGENCY CONTACT DETAILS**

1. Name

Telephone

Mobile

Relationship to child

2. Name

Telephone

Mobile

Relationship to child

**Who has parental responsibility for your child?**

**Who has legal responsibility for your child?**

**Who will collect your child?**

Name

Telephone

Password

Relationship to your child

**Medical Consent**

In the event of an emergency I give my permission for medical treatment or appropriate, professional medical advice to be given to my child by nursery staff doctor or hospital staff, should the nursery be unable to contact me.

Signature ..... Date .....



**LADYBIRD PRIVATE DAY  
NURSERIES Ltd**

**Please ensure that you read and accept these terms and conditions before signing this form.**

I wish to apply for a nursery place with Ladybird Private Day Nurseries Ltd. I have read and I accept the terms, conditions and policies of the nursery. I agree to pay fees weekly at the start of each week or monthly in advance on the 1st day of each month. I accept that late or non-payment of fees will result in exclusion from the nursery. Non-payment of fees may result in the debt being passed to a debt collection agency who will add their cost of recovery to any outstanding balance. I will give **four weeks written notice** to the Nursery Manager if I wish to reduce sessions or give up my child's place in the nursery.

During your child's stay in nursery we may wish to take photographs of them involved in various activities. These photos may be used for display purposes or in our brochures for parents; they will be taken by digital camera and stored on the nursery computer.

Under no circumstances will the photographs be used for any other purpose.

I give permission for my child's photograph to be taken and stored on the nursery computer.	Yes	No
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I give permission for the photographs to be used for display, in newsletters, press releases, nursery website or in brochures.	Yes	No
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I agree to my child being observed during play for planning and developmental purposes and for their photographs to be used within other children's learning journals.	Yes	No
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I agree to my child taking part in walks, visits to places of interest and other outings. (park, library, picnics etc)	Yes	No
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**Nursery sessions required** (please circle)

Mon		Tue		Wed		Thurs		Fri	
Full Day		Full Day		Full Day		Full Day		Full Day	
am	pm	am	pm	am	pm	am	pm	am	pm

Start date required



**LADYBIRD PRIVATE DAY NURSERIES Ltd**

**I enclose a deposit equivalent to one weeks nursery fees **Yes** (Please Circle) which will be deducted from my fees in the event of my child leaving the nursery. Should I no longer require the place for any other reason, the deposit is non-refundable.**

**On commencement of placement, chosen method of payment :**

- Weekly Cheque yes/no**
- Monthly Cheque yes/no**
- Monthly Standing Order yes/no**
- Weekly Standing Order yes/no**
- Nursery Voucher Scheme yes/no**

*Cheques to be made payable to Ladybird Private Day Nurseries Ltd.*

Signed ..... Date .....

Print Name .....

Please return this form to :

**Ladybird Private Day Nurseries Ltd**  
**Springfield House**  
**110 New Lane**  
**Eccles**  
**Manchester**  
**M30 7EJ**  
**0161-707-4280**

**Office Use Only**

Start Date

Group

Sessions

Visit dates

Funding

Number of Weeks

Fee

Deposit / Receipt No