

# LITTLE SPARKLES NURSERY



Quwwat Education Centre, Peel Hall Street, Preston, PR1 6QQ  
tel: 01772 460233 web: www.littlesparklesnursery.org.uk email: admin@quwwatulislam.org.uk

## Nursery Application Form

### Personal Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

(please attach a copy of your child's birth certificate or Medical card as poof of ID)

Gender: Male  Female

Nationality: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

### Parents Details

Mothers name: \_\_\_\_\_ Fathers name: \_\_\_\_\_

Contact number: \_\_\_\_\_ Contact number: \_\_\_\_\_

Work Contact number: \_\_\_\_\_ Work Contact number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_ Contact Email Address: \_\_\_\_\_

### Persons Authorised to collect child

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Contact number: \_\_\_\_\_ Contact number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### Emergency Contact Details

#### **Contact 1:**

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

#### **Contact 2:**

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

#### For office use only:

Date form received: \_\_\_\_\_ Sign: \_\_\_\_\_ Boy: \_\_\_\_ Girl: \_\_\_\_ Session 1 \_\_\_\_ Session 2 \_\_\_\_

Admission granted Yes / No

Parent informed of outcome Yes / No

## **Additional Information** (Health/Medical/Special needs/Other)

Name of Doctor: \_\_\_\_\_ Contact number: \_\_\_\_\_

Please circle the correct answer

Any known medical conditions? Yes No

Any known allergies? Yes No

Any dietary requirements? Yes No

Does your child have Special Educational Needs or Disabilities? Yes No

If you have circled yes to any of the questions above, please give further details below:

Please tick sessions required:

	AM	PM
Monday	<input type="radio"/>	<input type="radio"/>
Tuesday	<input type="radio"/>	<input type="radio"/>
Wednesday	<input type="radio"/>	<input type="radio"/>
Thursday	<input type="radio"/>	<input type="radio"/>
Friday	<input type="radio"/>	<input type="radio"/>

Please tick the appropriate circle:

This application is for:

A funded 2 year old place\*

A non-funded 2 year old place

A funded 3 & 4 year old place 15 hours

A funded 3 & 4 year old place 30 hours\*

\*these places will only be confirmed once eligibility has been confirmed

When would you like your child to start nursery? \_\_\_\_\_

## **Previous Education** (this section is for 4 year olds only)

Has your child attended any other nursery, School or Madrasah before? Yes No

If yes;

- please give the name of the nursery, school or Madrasah: \_\_\_\_\_

## **Agreement between Parent/Guardian and 'LSN'**

I wish to apply admission for my child to 'LSN'. I have read and agree to the Terms and Conditions, and I agree to comply with them. I also undertake to inform the nursery of any changes in the information given, together with the child's personal record.

I also agree to pay any fees 1 week in advance. If my child is absent for any reason for example due to sickness, fees are still payable in full.

I undertake to provide in writing one clear months' notice of my child's leaving date or make payment of one clear months fee in lieu of such notice.

**Only the Person or Persons legally responsible for the child must complete and sign this form:**

I legal Parent/Guardian of (Childs name) \_\_\_\_\_ have given full details of my child to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print name: Mr/ Mrs/ Ms \_\_\_\_\_ Legal Parent/ Guardian

*Please answer all questions, failing to do so will delay the processing of this form.*