

Application Form

1. About your child *(Continues on Page 2)*



Full Name:

Nickname:

DOB:

Gender (M/F):

Full Address (including postcode):

Home Telephone Number:

Who has legal responsibility for the child?:

Who does the child live with?:

Nationality:

Religion:

Language Spoken at Home:

Doctor's Name:

Doctor's Full Address (including postcode):

Doctor's Telephone Number:

Health Visitor's Name:

Health Visitor's Full Address and Telephone Number:

Bright Beginnings Nursery

Dartford: Oakfield Lane, DA12JT 01322 629443 • Gravesend: Dering Way, DA12 2JJ 01322 629641

Parents' Admission Pack

2. Parent or main carer details

First Contact Details

Full Name

Relationship to child

Full Address (including postcode)

Telephone Number

Work Number

Mobile Number

Email Address

Full Name

Relationship to child

Full Address (including postcode)

Telephone Number

Work Number

Mobile Number

Email Address

Other carers of the child, or people who may pick your child up from the Nursery

Name of Carer	Relationship to child	Contact Telephone Number	Collection Password

Permissions

Signature/Initials

In the event of an emergency, I hereby authorise the Nursery/Out of School Manager to arrange for my child to receive medical treatment	
I give my permission for photographs, observations and assessments to be made as a way of recording my child's achievements	
I give my permission to use my child's photographs in publications or on the internet	
I give my permission to use my child's photographs to be used on our Facebook page	
Do you wish to access your child's developmental progress on our online parent portal? If yes, please supply us the email address you wish to use to set up your account Email:	
The new iConnect system allows us to take photographs and videos of the children; i give you permission for photos of my child to appear on other children's photos and videos	
I give permission for my child to go on short walks around the College Campus, with staff supervising at all times	
I give permission for my child to have face paints applied	
I am aware and have read the full Nursery policies which are available on the Nursery website	
I have read the Nursery policies and procedures which are attached to this admission pack	
I will provide a copy of my child's birth certificate with my Nursery application in order for the Nursery to obtain the certificate number	

4. Times and days attending Nursery

I would like my child/children to start at Bright Beginnings Nursery on:			
I am planning to attend College	Yes	No	
I am on the "Free for 2 Year Old" funding scheme	Yes	No	
I will be claiming funding for 3-4 funding:	Yes	No	
The course I am on/intend to start is called:			
At the following days and times:	Mon	Tues	Weds
	Thurs	Fri	
If any of the above information changes then please inform a member of management, this will ensure that we provide effectively for your child's care and meet their individual needs			
Parent/Carers Signature:	Date:		

Please tick if your child has been immunised against the following:

Diphtheria

Polio

Rubella

Whooping Cough

Measles

Hib Meningitis

Tetanus

Mumps

Meningitis C

Does your child have any allergies you are aware of? If yes, please state which ones:

Is your child on any regular medicine? If yes, could you list the name of the medicine, dosage and time it is to be administered at the nursery:

Does your child have any complex health needs? If yes, could you please explain these in more detail:

Has your child been diagnosed with anything by a Doctor or Paediatrician? If yes, please give details:

Is your child allergic to any food or ingredient? If yes, please give more details:

Is there any food your child does not like? If yes, please give more details:

Is there any food your child cannot eat due to cultural or religious reasons? If yes, please give us more details:

*I give my permission for this information to be passed to those persons within the College who are involved in my child's admissions to the nursery including the finance department.
DATA PROTECTION & YOUR PERSONAL INFORMATION - How we use your personal information The personal information you provide is shared with Kent County Council and any other agencies that we deem appropriate to ensure the safety and well being of your child. Further information about use of and access to your personal data, and details of partner organisations are available at both the Gravesend and Dartford Nursery on request.*

Please indicate your consent to us holding your data as above by ticking this box to say you are happy for us to do so.