

APPLICATION FOR CHILDCARE



E-Mail: rockinghamnursery01@gmail.com

Website: www.rockinghamnursery.com

Registered Charity Number: 290139

Name of Parent Or Guardian :	
Home Address :	
Telephone Number :	Home : Mobile:
Name(s) Of Children	(1) (2)
(1) D.O.B.	(2) D.O.B.
Ethnic Origin :	
Session Required : FULL TIME PART TIME	MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
Work Address Of Mother :	
Telephone Number :	Work : EXT :
Work Address Of Father :	
Telephone Number :	Work : EXT :
Doctor's Name /Address:	

Emergency Contact:	
(1) Name of Person:	
Relationship to Child:	
Telephone Number:	Home: Mobile:
(2) Name of Person:	
Relationship to Child:	
Telephone Number:	Home: Mobile:
Please indicate if your child has any special dislikes (i.e. Food/Drink) or if she/he suffers from any allergies.	
Does your child have any difficulties with:	
Hearing:	
Sight:	
Speech:	
Please inform us of any information which would help us enable your child to feel happy and secure at nursery (i.e. favourite toy, blanket, etc).	

Please note if your child is offered a place, we reserve the right to re-consider the offer if information provided is falsified / untrue. Please speak to a member of staff if you have any concern.