

HEADSTART NURSERY SCHOOL - Leith

Application Form		
Child's Full Name:	Gender:	Date of Birth:
Known as:		
Child's First Language:	Religion:	Ethnic Origin:
Address:		
Telephone Number:		
Contact 1		
Name:	Relationship to child:	
Home Address (if different from above):		
Telephone Number:		
Email Address:		
Work Address (if applicable):		
Telephone Number:		
Contact 2		
Name:	Relationship to child:	
Home Address (if different from above):		
Telephone Number:		
Email Address:		
Work Address (if applicable):		
Telephone Number:		
Third Emergency Contact - must live in or near Edinburgh Please list a grandparent or other suitable person in case we are unable to speak to contact		
Name:	Relationship to child:	
Contact Number:		

## Security Password

Password:

(We suggest using something that is easy to remember such as a pet's name)  
If you are unable to send one of the three nominated people above to collect your child the person you send will be required to quote your secret password.  
Please remember to introduce staff to those people you wish to collect your child

### MEDICAL INFORMATION

Name of Child's Doctor:

Doctor's Telephone Numbers:

Doctor's Address

Name of Health Visitor

Contact Details

Please give details of childhood illnesses

Injections received:

Any reactions to medication:

Important Medical Condition: (e.g. allergies)

Special Dietary Requirements: (e.g. vegetarian)

In the event that the nursery is advised that medical treatment is urgently required for my child, I give consent to my child receiving medical treatment.

Signed.....

Date.....

(parent/guardian)

ATTENDANCE					
MONDAY		TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
AM					
PM					
Start Date					
Terms and conditions					
<p>The terms and conditions of the nursery are attached and form part of this application. Completion of this application form does not guarantee a place. To enable the nursery to consider your application it is essential we receive your completed application form and a £100 deposit paid by bacs. Headstart Nursery School, RBS, S/C 83-18-08, Acc. 00198351. Please put your child's name as a payment reference. A months' notice is required to cancel a nursery place / withdraw your child from nursery.</p> <p>The deposit will be deducted from your first month's fees and is not refundable in the event of a cancellation.</p> <p>I have read, accept, and fully understand all the points listed in the Terms and Conditions including, in particular, fee payments and one month's written notice for reducing my child's attendance or leaving the nursery.</p> <p>Signed.....</p> <p>Date.....</p> <p style="text-align: center;">(Parent / guardian)</p> <p>Please note that we store your information at the nursery in line with GDPR rules and regulations. Once your child leaves the nursery all information will be destroyed or deleted from the nursery computer.</p>					