

Wainscot House Day Nursery

Application for Care



Full name of Child

Date of Birth Age Now

Address.....

..... Post Code

Home Phone Number Email

Carer(s)	Name	Contact Number
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Carer
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Carer
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Carer
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Relative/Friend

Days Required

Details of Diet

Doctor's Name

Name of Surgery/Clinic attended

Telephone Number

Medical History & known allergies

- o We/I understand that for the care and safety of the children at Wainscot House, you may refuse entry any day on which my child is infectious in any way.
- o We/I agree that fees shall be paid monthly in advance by Standing Order. The fees are reviewed half-yearly.
- o It is understood that one month's notice (or one month's fees in lieu) is required prior to leaving the nursery and/or prior to changing days required.
- o The nursery reserves the right to give one month's notice to families to find alternative childcare if fees are not received.
- o In the event of illness and/or holidays, the full fee is payable in order to retain the place and We/I understand bank holidays are charged for.
- o We/I consent to our/my child being taken on outings on the day nursery grounds (delete if not applicable)
- o We/I apply for a place on these and other terms outlined in the Wainscot House Brochure.

Required starting date:

Signed: Dated:

Signed: Dated:

(Please return with a £75 NON-REFUNDABLE Registration Fee)