



Little Rainbow Nursery

APPLICATION FORM

First Name:	
Family Name:	
Relationship to Child:	
Child's Full Name:	
Gender:	
Child's Date of Birth:	
Home Address:	
Home Tel No.	
Work Tel. No.	
Mobile Number:	
Emergency Contact Name:	
Emergency Contact No.:	
Does your child have any medical conditions which nursery staff may need to be aware of?	
Does your child have any particular special needs?	
Please list any allergies:	

Does your child have any dietary requirements?	
Has your child attended a previous setting?	
Please tell us if you are: (please tick box)	Employed [] Unemployed [] Other []
Details of your expected requirements (please select choice below)	
Days Required:	PLEASE NOTE THAT THERE ARE NO FOR BABIES AND 2-3 YRS
Times required:	Mon Tue Wed Thu Fri 08.00 – 13.00 13.00 – 18:00 08.00 – 18.00
Over what period will you need a nursery place? (please complete details in section below)	
From (date): _____ To (approx.): _____	
Any other information that will help us care for your child:	
How did you hear about Little Rainbow Nursery?	
*Deposit of £100 & £30 Registration fee paid:	YES/NO
Signature: _____ Date: _____	
Full Name: _____	

***IMPORTANT NOTE: PLEASE NOTE THAT THE DEPOSIT AND REGISTRATION FEE MUST BE PAID TO GET ONTO THE WAITING LIST.**