



Application form

Personal Details:

Child's full name:

Date of Birth:

Home Address:

Home Telephone Number:

Home Language

Ethnicity:

Mother's name:

Profession or occupation of Mother:

Mother's Telephone:

Work Telephone:

Mobile Telephone:

Email Address:

Father's name:

Profession or occupation of Father:

Father's Telephone:

Work Telephone:

Mobile Telephone:

Email Address:

Doctor's Details

GP's Contact Name:

Address:

Telephone Number:

In Case of Emergency

<i>Emergency Contact 1</i>	<i>Emergency Contact 2</i>
Name:	Name:
Relationship:	Relationship
Telephone Number:	Telephone Number:
Work Telephone:	Work Telephone:
Mobile Telephone:	Mobile Telephone:
Email address:	Email address:

Individuals collecting child at the end of sessions

<i>Individual #1</i>
Name:
Telephone:
Work Telephone:
Mobile Telephone:
Email:

<i>Individual #2</i>
Name:
Telephone:
Work Telephone:
Mobile Telephone:
Email:

<i>Individual #3</i>
Name:
Telephone:
Work Telephone:
Mobile Telephone:
Email:

Password:

This must be given to staff along with **photograph identification**, if a person who is not named above collects child from nursery.

Child's Medical History

Please include as much detail as possible:

Allergies:

Special needs:

Dietary needs:

Immunisations

Name of Vaccine:	Date:
BCG	
DTaP/IPV/Hib (8 weeks) PCV	
DTaP/IPV/Hib (12 weeks) Men C	
DTaP/IPV/Hib (16 weeks) Men C PCV	
Hib/Men C (12 months)	
MMR (1 st Dose) (13 months) PCV	
MMR (2 nd Dose) DTaP/IPV	
Other:	

Any further information you may feel we should know:

Please confirm your consent for us to seek advice from any medical emergency service, including allowing your child to be taken to hospital. **Y/N**

Additional Information:

Sessions Required:

Day:	Monday	Tuesday	Wednesday	Thursday	Friday
Hours:					

**Nursery Meals @
£3.50 per day**

Y/N

Packed Lunch Y/N

Start Date: _____

How did you hear about Happy Hands Montessori Nursery? _____

Contract Agreement:

I/We acknowledge that by signing this application form and a start date being agreed, a legally binding contract has come into force between me/us and the nursery, incorporating the Terms & Conditions on our website from time to time, and I/We agree to pay the deposit and any nursery fees that are due.

Mother's/Carer's Signature:

Father's/Carer's Signature:

Date:

Date:

Please post this application form, along with the **deposit of one month's fee**, to our Head Office:
Happy Hands Montessori Nursery Ltd, 405 Jubilee Heights, 1 Shoot-Up Hill, London, NW2 3UQ

Or alternatively hand it in to our nursery setting:

Happy Hands Montessori Nursery, St. Mary's Parish Centre, Neasden Lane, London NW10 2TS

Documents to be photocopied and submitted with Application Form:

1. NEG 2 Letter (If applicable)
2. **FULL** Birth Certificate
3. Red Book – Immunisation Section
4. Proof of Address (Utility Letter/Drivers Licence etc.)

Office Use Only:

Date of Enrolment:

Start dates at Nursery:

Deposit:

Any further information: