

Application form

Thank you for your interest in Footsteps Day Nursery & Pre-School.

Please fill out the below form and return to Kelly@footsteps-nursery.com or via post to Mill Meadow, Gravel Hill, Chalfont St. Peter, Buckinghamshire, SL9 9QX.

We look forward to hearing from you!



Tell us about your child

Child's name _____

Gender Female Male

Date of birth _____

Child's home address _____

Your child's medical requirements

Does your child have any health needs?

Yes No

If yes, please detail what these are: _____

Special dietary requirements?

Yes No

If yes, please let us know what these are: _____

Any allergies? Yes No

If yes, please detail what these are: _____

Your details

1st parent/carer's name _____

Relationship to child _____

Home number _____

Daytime number _____

Mobile number _____

Email address _____

Home address (if different) _____

2nd parent/carer's name _____

Relationship to child _____

Home number _____

Daytime number _____

Mobile number _____

Email address _____

Home address (if different) _____

For more information about Footsteps Day Nursery and Pre-School, please contact us on **0845 5198776** or visit our website at **Footsteps-Nursery.com**

Emergency contact details

In the unlikely event of an emergency, please provide us with the below details.

Emergency contact name: _____

Emergency contact number: _____

Relationship to child: _____

Doctors name: _____

Doctors telephone number: _____

Doctors address: _____

Would you be happy for Footsteps staff to provide your child with first aid? (eg. plasters)

Yes No

Your child's start date

When would you like your child to start at Footsteps?

dd / mm / yyyy

I enclose a non-reundable £25.00 registration fee. Payment of fees will commence from the start date given above, unless arranged otherwise with minimum of one months notice.

Occasionally we may take photographs of the children to be used for the nusery website, social media and/or other materials (like flyers). Please let us know if you are happy for us to do so?

Yes No

Signed _____

Print Name _____

Date dd / mm / yyyy

Your childs sessions

Please tick the below boxes to indicate which sessions you would like:

Day Care hours

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Session 7.45am- 1.00pm					
Afternoon Session 1.00pm – 6.00pm					

Pre-School hours

Morning Session 9.00am- 12.00pm					
Afternoon Session 12.30pm – 3.30pm (Term time only)					



If you have any questions about your application, please do not hesitate to call us on **0845 5198776** or visit our website for more infomation **Footsteps-Nursery.com**.