

# Application form

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

Please fill out the below form, scan and email it to us at your local nursery:

[Aylesbury@footsteps-nursery.co.uk](mailto:Aylesbury@footsteps-nursery.co.uk)

[ChalfontStPeter@footsteps-nursery.co.uk](mailto:ChalfontStPeter@footsteps-nursery.co.uk)

We look forward to hearing from you!

## Which Footsteps Nursery?

Chalfont St.Peter

Aylesbury

## 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's or carer's name:

\_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Daytime Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2nd parent's or carer's name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home Telephone 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.

Signed

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

dd / mm / yyyy

## Your child's 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

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Afternoon Session  
1.00pm – 6.00pm

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### Pre-School hours

Morning Session  
9.00am- 12.00pm

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Afternoon Session  
12.30pm – 3.30pm  
(Term time only)

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If you have any questions about your application, please do not hesitate to call us on **0845 5198776**.