



# Footsteps Maple Cross Application form

Thank you for your interest in registering your child at Footsteps Pre-School Maple Cross.

Please fill out the below form, scan and email it to us at: [Maplecross@footsteps-nursery.co.uk](mailto:Maplecross@footsteps-nursery.co.uk)

We look forward to hearing from you!

## Tell us about your child

Child's name: \_\_\_\_\_

Gender: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

For more information about Footsteps

Maple Cross, please contact us on

**01923 710818** or visit our website at

**[Footsteps-Nursery.com/Maple-Cross](http://Footsteps-Nursery.com/Maple-Cross)**

## Your details

1st parent's or carer's name: \_\_\_\_\_

\_\_\_\_\_

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

Home telephone: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

Home address (if different from child):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

Home telephone: \_\_\_\_\_

Daytime telephone: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

Home address (if different from child):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency contact details

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

Emergency contact: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

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

Doctors name: \_\_\_\_\_

Doctors contact number: \_\_\_\_\_

Doctors Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Your child's start date

When would you like your child to start at Footsteps?      dd / mm / yyyy

## Confirming your child's place

I enclose a non-refundable payment of £30.00 for the starter pack. Payment of fees will commence from the start date given above, unless arranged otherwise with minimum of one months notice. Our starter pack includes a polo T-shirt and a Footsteps book bag.

Signed: \_\_\_\_\_

Print: \_\_\_\_\_

Date:                      dd / mm / yyyy

## Your child's sessions - Term time only

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

<b>Pre-School Sessions</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Morning Session</b> 9.00am - 12.00 noon					
<b>Lunch Session</b> 12.00 noon - 12.30pm					
<b>Afternoon Session</b> 12.30pm - 3.30pm					

  

<b>Flexible Sessions</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Specific sessions (e.g. 9.00am - 1.00pm, 9.00am - 12.00 noon) Please write in specific times in day boxes					

## Funding

Are you claiming 2 year old's place funding?    Yes, if so, please answer below.                          No   

If yes, please let us know if you are claiming:    15 hours        30 hours        Part funding, see below   

If part funding, how many hours are you applying for? \_\_\_\_\_

Please provide your child's NHS number for funding purposes? \_\_\_\_\_

## Fee's

- 18 months to 2 years - **£6.50 per hour**
- 2 years to 5 years - **£6.00 per hour**

## Food & Nutrition

- Breakfast available daily (8am - 9am only), cereal, toast and a drink - **£1.00**
- Hot lunch available - **£2.90** (provided by Hertfordshire County Council, please ask a member of staff for a r



## Footsteps Pre-School - Maple Cross

If you have any questions about your application, please call us on **01923 710818**, email us on [Maplecross@footsteps-nursery.co.uk](mailto:Maplecross@footsteps-nursery.co.uk) or visit our website at [Footsteps-Nursery.com/Maple-Cross](http://Footsteps-Nursery.com/Maple-Cross)