

Tell us about your child

Child's name:
Gender:
Date of birth:
Ethnicity:
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 Fleet, please contact us on 01252 542 222, or visit our website at Footsteps-Nursery.com/Farnborough

Footsteps Farnborough Application form

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

Please fill out the below form, scan and email it to us at: Farnborough@footsteps-nursery.co.uk

We look forward to hearing from you!

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				Your child's start date When would you like your child to start at			
In the unlikely event of an emergency, please provide us with the below details.				Footsteps?	_		
Emergency contact:				Confirming your child's place			
Emergency contact number:				I enclose a non-refundable payment of			
Relationship to child:				£50.00 for the starter pack. Payment of fees will commence from the start date			
Doctors name:				given above, unless arranged otherwise			
		ımber:		with minimum starter pack inc	cludes a polo T		
Doctor	s Address: _			Footsteps book	k bag.		
				Signed:			
				Print:			
				Date:	dd / mr	n / yyyy	
		ssions - Ter			o indicate whic	-h sessions	
Please you wo	enter the pr ould like:	eferred days a	and hours in th	ne below boxes t			
Please you wo	enter the pr				o indicate which	ch sessions Friday	
Please you wo	enter the prould like:	eferred days a	and hours in th	ne below boxes t			
Please you wo	enter the production on the production of the pr	eferred days a	and hours in th	ne below boxes t			
Pre-School Morning Session	enter the prould like: ool Sessions 8.00am 9.00am	eferred days a	and hours in th	ne below boxes t			
Please you wo	enter the prould like: ool Sessions 8.00am 9.00am 12.00 noon	eferred days a	and hours in th	ne below boxes t			
Pre-Scho Morning Session Afternoon	enter the prould like: ool Sessions 8.00am 9.00am 12.00 noon	eferred days a	and hours in th	ne below boxes t			
Please you wo Pre-Sche Morning Session Afternoon Session	enter the prould like: ool Sessions 8.00am 9.00am 12.00 noon 1.00pm 3.00pm	Monday Monday	Tuesday s, I am claiming: V	Wednesday Working 2 year old fu	Thursday	Friday	
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Footsteps Pre-School - Farnborough

If you have any questions about your application, please call the Footsteps Team on 01252 542 222, email Farnborough@footsteps-nursery.co.uk or visit our website at Footsteps-Nursery.com/Farnborough