

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 Maple Cross, please contact us on 01923 710818 or visit our website at

Footsteps-Nursery.com/Maple-Cross

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

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 chil	
2nd parent's or carer's name:	
Relationship to child:	
Relationship to child:Home telephone:	
Relationship to child: Home telephone: Daytime telephone:	
Relationship to child:Home telephone:	
Relationship to child: Home telephone: Daytime telephone:	
Relationship to child: Home telephone: Daytime telephone: Mobile number:	
Relationship to child: Home telephone: Daytime telephone: Mobile number: Email address:	
Relationship to child: Home telephone: Daytime telephone: Mobile number: Email address:	
Relationship to child: Home telephone: Daytime telephone: Mobile number: Email address:	

3 7	When would you like your child to start at		
In the unlikely event of an emergency, please provide us with the below details.	Footsteps? dd / mm / yyyy Confirming your child's place I enclose a non-refundable payment of £50.00 for the starter pack. Payment of		
Emergency contact:			
Emergency contact number:			
Relationship to child:	fees will commence from the start date		
Doctors name:	given above, unless arranged otherwise		
Doctors contact number:	with minimum of one months notice. Our starter pack includes a polo T-shirt and a		
Doctors Address:	Footsteps book bag.		
	Signed:		
	Print: dd / mm / yyyy		
Please tick the below boxes to indicate which pre-School Sessions Morning Session 9.00am - 12.00 noon Lunch Session 12.00 noon - 12.30pm Afternoon Session 12.30pm - 3.30pm Flexible Sessions (e.g. 9.00am - 1.00pm, 9.00am - 12.00 noon) Please write in specific times in day boxes	n sessions you would like: Wednesday Thursday Friday		
Funding Are you claiming 2 year old's place funding? Yes, if so, pl If yes, please let us know if you are claiming: 15 hours If part funding, how many hours are you applying for?	30 hours Part funding, see below		
Please provide your childs NHS number for funding purpo	es?		
- 2 years to 5 years - £6.95 per hour - Hot lunch availa	ble daily (8am - 9am only), cereal, toast and a drink - £1.00 ble - £2.90 (provided by Hertfordshire County Council, nber of staff for a menu.)		

Your child's start date



Emergency contact details

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** or visit our website at **Footsteps-Nursery.com/Maple-Cross**