

## Tell us about your child

Child's nam	e:	
Gender:	Female	Male 🔲
Date of birtl	h:	
Ethnicity:		
Child's hom	e address:	
Your child	l's medical re	quirements
Does your ch	nild have any hea	alth needs?
	Yes	No 🔲
If yes, please	e detail what the	se are:
Special dieta	ary requirements	?
	Yes 🔲	No 🔲
If yes, please	e let us know wh	at these are:
Any allergies	s? Yes	No 🔲
If yes, please	e detail what the	se are:
Aylesbury, p	formation abou please contact u 297 or visit our	ıs on

Footsteps-Nursery.com/Watermead

## Footsteps Watermead Application form

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

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

Watermead@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 chi	ld):
2nd parent's or carer's name:	
2nd parent's or carer's name:	
2nd parent's or carer's name: Relationship to child:	
·	
Relationship to child:	
Relationship to child:Home telephone:	
Relationship to child: Home telephone: Daytime telephone: Mobile number:_	
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:	

intergency contact details			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 I enclose a non-refundable payment of £50.00 for the starter pack. Payment of fees will commence from the start date given above, unless arranged otherwise with minimum of one months notice.									
Emergency contact number:												
Relationship to child:												
							Doctors contact number:			Our starter pack includes a polo T-shirt and a Footsteps book bag.		
							Doctors Address:			Signed:		
			Signed:									
			Print:									
			Date:	dd / mr	n / vvvv							
					- 5555							
Your child's se	essions											
Dlassa tick the be	low boyes to in	dicata which c	accione vou wo	ıld liko								
Please tick the be Term Time Only			Wednesday		Friday							
	- Ionday	lucsday	T T	Indisody	····cay							
Normal Session 9.00am - 12.00 noon												
Extended Session 9.00am - 2.00pm		Open until 12.00 noon only										
Extended Session 7.30am - 2.00pm		Open until 12.00 noon only										
F												
Funding  Are you claiming place fu	unding? No Ves	Lam claiming: W	Jorking 2 year old fu	oding Other 2	year old funding							
Are you claiming 3-4 yea			_		]							
Universal Extended					I							
Oniversal Extended		÷:	IN.I. HUITH	Jer:								
Fees												
Pre-School - 2 years +												

Your child's start date



Flexible session times available.

Consumable charge (includes snack): £2.00 per session

**Emergency contact details** 

## Footsteps Pre-School - Watermead

If you have any questions about your application, please call us on **07865 945297**, email us on **Watermead@footsteps-nursery.co.uk** or visit our website at **Footsteps-Nursery.com/Watermead**