

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 Chalfont St Peter, please contact us on 01753 886477 or visit our website at Footsteps-Nursery.com/chalfont-st-peter

Footsteps Chalfont St Peter Application form

Thank you for your interest in registering your child at Footsteps Nursery & Pre-School Chalfont St Peter.

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

Emergency contact details			Your child's start date									
In the unlikely event of an emergency,			When would you like your child to start at									
please provide us with the below details.			Footsteps? dd / mm / yyyy									
Emergency contac	ct:		Confirming your child's place									
Emergency contact number: Relationship to child: Doctors name: Doctors contact number: Doctors Address:			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. Our starter pack includes a polo T-shirt and a Footsteps book bag.									
							Signed:					
										Print:		
										Date:	dd / mi	m / yyyy
							Your child's se	essions		_		
			Will your child be	attending: T	erm time only	y 🔲 Term & N	on-Term time					
Please tick the below boxes to indicate which sessions you would like:												
Day Care Sessions	Monday	Tuesday	Wednesday	Thursday	Friday							
Morning Session 7.45am - 1.00pm												
Afternoon Session 1.00pm - 6.00pm												
Pre-School Sessions	Monday	Tuesday	Wednesday	Thursday	Friday							
Morning Session 9.00am - 12.00noon												
Afternoon Session 12.30pm - 3.30pm (Term time only)												
Funding Are you claiming place full Are you claiming 9 montle Are you claiming 3-4 yea Universal Extended	n old funding? No	Yes Yes If ye	Vorking 2 year old fues, is this 15 hours	or 30 hours	2 year old funding							
Fees			Food	& Nutrition	1							
Fees charged in addition to funding hours. - 2 years to 5 years - £7.50 per hour For day care fees, please see the attached leaflet. Funded only children - Consumable charge (includes snack): - £2.50 Full day. £1.25 - Half day - £2.50 Full day. £1.25 - Half day												
Which would your child		Packed lunch										

