

## Tell us about your child

Child's nam	าe:	
Gender:	Female	Male 🔲
Date of birt	th:	
Child's hon	ne address:	
Your child	d's medical re	quirements
Does your c	child have any hea	alth needs?
	Yes	No 🗌
If yes, pleas	e detail what the	se are:
Special diet	ary requirements	?
	Yes	No 🔲
If yes, pleas	e let us know wh	at these are:
Any allergie	es? Yes	No 🔲
If yes, pleas	e detail what the	se are:
	nformation abou	ıt Little Foot-
•	our website at -nursery.com/li	ttle-foot-
•	nton-buzzard	

## Little Footsteps Application Form

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

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

LeightonBuzzard@footsteps-nursery.co.uk

We look forward to hearing from you!

1st parent's or carer's name	·· <u> </u>
Relationship to child:	
Home telephone:	
Daytime telephone:	
Mobile number:	
Email address:	
Home address (if different	from child):
2nd parent's or carer's nam	
2nd parent's or carer's nam	ne:
2nd parent's or carer's nam  Relationship to child:  Home telephone:	
Relationship to child: Home telephone:	
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:	

Emergency contact details			Your child's start date When would you like your child to start at									
In the unlikely eve	ent of an emerg	gency,	Footsteps? dd / mm / yyyy									
please provide us with the below details.  Emergency contact:  Emergency contact number:  Relationship to child:  Doctors name:  Doctors contact number:			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.  Ourstarter pack includes a polo T-shirt									
							Doctors Address:			and a Footsteps book bag.		
										Signed:		
										Print:		
										Date: dd / mm / yyyy		
										2 0.001	,	
Please tick the bel specific hours plea		dicate which s	sessions you wo	uld like, but if y	ou have							
Term Time Only	Monday	Tuesday	Wednesday	Thursday	Friday							
Morning Session 8am/9am - 12pm												
Afternoon Session 12pm - 3pm/4pm												
Full Session 8.00am - 4.00pm												
Full Session 9.00am - 3.00pm												
unding												
re you claiming place fu	nding? No Yes	s, I am claiming: V	Vorking 2 year old fu	ınding Other 2	2 year old funding							
re you claiming over 9 m	nonth old's funding	? No Yes										
re you claiming 3-4 year	old funding? No	Yes If ye	es, is this 15 hours	or 30 hours								
Iniversal Extended				_								
Tillversat Extended	Funding code	e:	N.I. num	ber:								



3 years to 5 years - £6.40 per hour

Flexible sessions available.

Consumable charge: £2.00 - Full day. £1.00 - Half day

Little Footsteps Explorers Pre-School
If you have any questions about your application, please email us on LeightonBuzzard@footsteps-nursery.co.uk or visit our website at Footsteps-nursery.com/little-footsteps-leighton-buzzard

- Snack **75p per day** (Fruit/Veg snack)

or bring your own packed lunch.