

# LITTLE HEATH NURSERY PLAYGROUP

PARISH HALL, THORNTON ROAD, EN6 1JJ

**TELEPHONE: 07737 857 990**

CHILD NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

**PARENT-S/GUARDIAN-S WITH PARENTAL RIGHT: (PLEASE ADD EVERYONE):**

**NAME:** \_\_\_\_\_ **RELATION TO CHILD:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **RELATION TO CHILD:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**EMAIL FOR COMMUNICATION:** \_\_\_\_\_

**CHILD'S ADDRESS:** \_\_\_\_\_

**POST CODE:** \_\_\_\_\_ **TELEPHONE (HOME NUMBER):** \_\_\_\_\_

**EMERGENCY:** \_\_\_\_\_ **TEL:** \_\_\_\_\_

**GP:** \_\_\_\_\_ **TEL:** \_\_\_\_\_

**GP'S ADDRESS:** \_\_\_\_\_

\_\_\_\_\_ **POST CODE:** \_\_\_\_\_

**HEALTH VISITOR:** \_\_\_\_\_ **TEL:** \_\_\_\_\_

**NATIONALITY:** \_\_\_\_\_ **LANGUAGE:** \_\_\_\_\_

**NHS NUMBER:** \_\_\_\_\_ **RELIGION:** \_\_\_\_\_

**2YR FUNDING CODE:** \_\_\_\_\_ **30HRS FUNDING CODE:** \_\_\_\_\_

**ALLERGIES:** YES NO IF YES PLEASE GIVE DETAILS: \_\_\_\_\_

**DISABILITIES:** YES NO IF YES PLEASE GIVE DETAILS: \_\_\_\_\_

**HAS YOUR CHILD HAD HIS/HER 2 YEAR CHECK DONE?** YES NO **WHEN:** \_\_\_\_\_

**OTHER MEDICAL/NON MEDICAL HISTORY, PLEASE GIVE DETAILS: (E.G. HISTORY WITH SPEECH THERAPIST, CHILDREN CENTRE AND/OR SOCIAL WORKER, PREMATURE BIRTH)** \_\_\_\_\_

OUR MEMBERS OF STAFF DO TAKE OBSERVATIONS OF THE CHILDREN REGULARLY TO MONITOR THE CHILD'S PROGRESS AND DEVELOPMENT. IF YOU DO NOT WANT PHOTOGRAPHS TO BE TAKEN OF YOUR CHILD, PLEASE TICK THE BOX

\_\_\_\_\_  
HAJNI MICHAEL  
NURSERY MANAGER



\_\_\_\_\_  
PARENT/GUARDIAN

\_\_\_\_\_  
PRINT NAME OF PARENT/GUARDIAN

Email: [littleheathnursery@yahoo.com](mailto:littleheathnursery@yahoo.com)

**ALL OUTSTANDING NURSERY FEES MUST BE SETTLED BY THE END OF EACH HALF TERM. UNPAID NURSERY FEES MAY RESULT IN TERMINATION OF THE CHILD'S PLACE IN THE NURSERY.**

Please enclose a non-refundable registration fee of £15 with this application. Cheques should be made payable to Little Heath Nursery Playgroup and send together with the application form to: Little Heath Nursery Playgroup, Parish Hall, Thornton Road, Potters Bar, Herts. EN6 1JJ.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

Please let us know when would you like your child to start and days you wish your child to attend. Preferred start date: \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday
9.00 - 12.00	9.00 - 12.00	9.00 - 12.00	9.00 - 12.00	9.00 - 12.00
Lunch Club	Lunch Club		Lunch Club	
12.15 - 14.45	12.15 - 14.45		12.15 - 14.45	

Please tick as appropriate.

We would appreciate, if you could let us know where you heard of our Nursery: \_\_\_\_\_

**THE NURSERY COMPLIES WITH THE DATA PROTECTION REGULATIONS (GDPR MAY 2018). PERSONAL INFORMATION PROVIDED TO US IS TREATED SECURELY AND CONFIDENTIALLY ACCORDING TO THE REQUIREMENTS OF THE LAW.**

**BREAKDOWN OF FAMILY RELATION BETWEEN PARENTS/GUARDIANS: UNLESS THERE IS A COURT ORDER AGAINST A PARENT, PREVENTING THE PARENT'S CONTACT TO THE CHILD, WE ARE UNABLE TO LEGALLY DENY ACCESS TO NURSERY DOCUMENTS, INFORMATION ABOUT THE CHILD'S DEVELOPMENT OR COLLECTING THE CHILD FROM NURSERY. A COPY OF THE COURT ORDER MUST BE SHARED WITH THE NURSERY, TO AUTHORISE US TO TAKE ACTION.**

**Thank you for your application.**

For Nursery use: Cheque / Cash received: \_\_\_\_\_ Date: \_\_\_\_\_

Email: littleheathnursery@yahoo.com