

## APPLICATION FOR CHILDCARE



**E-Mail:** [rockinghamnursery@btconnect.com](mailto:rockinghamnursery@btconnect.com)   
 **Website:** [www.rockinghamnursery.com](http://www.rockinghamnursery.com)  
**Registered Charity Number: 290139**

<b>Name of Parent Or Guardian :</b>	
<b>Home Address :</b>	
<b>Telephone Number :</b>	<b>Home :</b> <b>Mobile:</b>
<b>Name(s) Of Children</b>	(1) (2)
<b>(1) D.O.B.</b>	<b>(2) D.O.B.</b>
<b>Ethnic Origin :</b>	
<b>Session Required : FULL TIME PART TIME</b>	<b>MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY</b>
<b>Work Address Of Mother :</b>	
<b>Telephone Number :</b>	<b>Work :</b> <b>EXT :</b>
<b>Work Address Of Father :</b>	
<b>Telephone Number :</b>	<b>Work :</b> <b>EXT :</b>
<b>Doctor's Name /Address:</b>	

<b>Emergency Contact:</b>	
<b>(1) Name of Person:</b>	
<b>Relationship to Child:</b>	
<b>Telephone Number:</b>	<b>Home:</b> <b>Mobile:</b>
<b>(2) Name of Person:</b>	
<b>Relationship to Child:</b>	
<b>Telephone Number:</b>	<b>Home:</b> <b>Mobile:</b>
<b>Please indicate if your child has any special dislikes (i.e. Food/Drink) or if she/he suffers from any allergies.</b>	
<b>Does your child have any difficulties with:</b>	
<b>Hearing:</b>	
<b>Sight:</b>	
<b>Speech:</b>	
<b>Please inform us of any information which would help us enable your child to feel happy and secure at nursery (i.e. favourite toy, blanket, etc).</b>	

**Please note if your child is offered a place, we reserve the right to re-consider the offer if information provided is falsified / untrue. Please speak to a member of staff if you have any concern.**