

LITTLE DRAGONS NURSERY

APPLICATION TO USE NURSERY FACILITIES

Date of application:		Date that a place is required:			
Name of applicant/s:		Relationship to child:			
CHILD'S DETAILS		Who has parental responsibility for the child:			
Child's full name:					
Date of birth/EDD:		Male/Female	First language		
Who does the child live with:					
Does your child have any additional needs such as a speech delay or hearing impairment, if so please provide full details:					
Does your child have or are you currently awaiting a statement of special educational needs, if so please provide full details:					
Has your child ever been referred to any of the following:					
Speech Therapist	YES/NO	Paediatrician	YES/NO		
Occupational Therapist	YES/NO	Physiotherapist	YES/NO		
Audiologist	YES/NO	Psychologist	YES/NO		
		Dietician	YES/NO		
		Social Services	YES/NO		
		Domestic Violence Team	YES/NO		
If yes please provide full details:					
Does your child have any allergies, if so please provide full details:					
PARENT/GUARDIAN'S DETAILS					
1. First and last names:		2. First and last names:			
Relationship to child:		Relationship to child:			
Home address:		Home address:			
Home tel no:		Home tel no:			
Mobile tel no:		Mobile tel no:			
E-Mail address:		E-Mail address:			
Trust employed by (if applicable):		Trust employed by (if applicable):			
Job title:		Job title:			
Place of work:		Place of work:			
Work tel no:		Work tel no:			
First language:		First language:			
DAYS REQUIRED – minimum of 2 (please tick):					
FULL DAY	Monday	Tuesday	Wednesday	Thursday	Friday
7.30am-5.30pm					
7.45am-5.45pm					
8.00am-6.00pm					

Please note that the information you provide on this form regarding your child will not affect the offer of a place in the nursery. It will simply help us to provide the most suitable care for your child.

Please return the completed application to:
 Little Dragons Nursery, 57-59 Bath Road, Reading, Berkshire RG30 2BA. Telephone: 01189 585316