

KIDDIES' CABIN DAY NURSERY

APPLICATION TO USE NURSERY FACILITIES

Date of application:		Date that a place is required: (at least 2 weeks visits are required before start date)			
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	Dietician	YES/NO
Occupational Therapist	YES/NO	Physiotherapist	YES/NO	Social Services	YES/NO
Audiologist	YES/NO	Psychologist	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:					
Is your child currently breast fed YES/NO					
PARENT/GUARDIAN'S DETAILS					
1. Full name:			2. Full name:		
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:		
SESSIONS/DAYS REQUIRED (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 form to: Leigh Kelly/Richard Wheeldon, Nursery Manager/Deputy Manager, Kiddies Cabin Day Nursery, St Marks Hospital, 112 St Marks Road, Maidenhead, Berkshire, SL6 6DU Telephone number: 01753 638733. www.nurseries.berkshire.nhs.uk