



Speldhurst Nursery School

Booking Form

Please fill in the details below and return to:

Mrs Elizabeth Pannell
Address: Burnt Cottage, Langton Road, Speldhurst TN3 0JU
Telephone: 01892 864907
Email: lizzie@speldhurstnursery.co.uk

A place at Speldhurst Nursery School is only guaranteed on receipt of this form and the booking fee. **Please also attach a photocopy of your child's birth certificate**, which will be kept in the Nursery School records. This is a KCC requirement for funding when your child is 3+. Please make a copy of this form once completed for your own records.

Contact Information	
Full name of child	
Date of birth	
Name of parents or guardian	
Address	
Postcode	
Telephone Number	
Email Address	
Contact number during nursery hours	
Emergency contact name (friend or relative)	
Emergency contact relationship	
Emergency contact number	

Medical Information (please use a separate sheet if required)	
Name and telephone number of child's doctor	
Relevant past medical history	
Is your child's immunisation up to date?	
Name and telephone number of child's health visitor	
Does your child have any allergies? If so, please state	

Other Information (please use a separate sheet if required)	
Other relevant information about your child e.g. special needs, religion, ethnic origin or language. This may be done in confidence verbally or on a separate page if required.	
Date you would like your child to start at Nursery School	
Does your child attend another Nursery School or Playgroup?	
Proposed Primary School and expected start date	

I acknowledge that a confidential development record will be kept about my child and acknowledge that I may have access to it at any time. For more information please ask to see our policy files with regard to information sharing. We will seek your permission to share any information about your child, unless a child is at risk if we do not share information.

Should the necessity arise, I authorise the Supervisor **Mrs Pannell** or the Deputy Supervisor to give permission for my child to receive medication or any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present, in my absence.

I wish to apply for admission of the above named child to Speldhurst Nursery School and I enclose a **non-refundable booking fee of £30**. Please make cheques payable to SPELDHURST NURSERY SCHOOL. Full terms and conditions are available to read and download on our website www.speldhurstnursery.co.uk

Signature:

Printed Name:

Date: