

**OAKMERE CHILDREN'S NURSERY,  
Blakemere Village, Chester Road,  
Sandiway, Cheshire, CW8 2EB**

**Tel: 01606 889 336**

**NEW ENTRANT APPLICATION FORM**

<b>CHILD'S NAME</b>		
<b>DATE of BIRTH</b>		
<b>ADDRESS</b>	..... ..... ..... ..... <b>Post Code</b>	
<b>PARENTS/CARERS INFORMATION</b>		
<b>NAME</b>		
<b>ADDRESS (if different from above)</b>		
<b>PLACE of WORK</b>		
<b>CONTACT TELEPHONE NUMBERS</b>	<b>Home:</b> ..... <b>Business:</b> ..... <b>Mobile:</b> .....	<b>Home:</b> ..... <b>Business:</b> ..... <b>Mobile:</b> .....

<b>Doctor's Name</b>		
<b>ADDRESS</b>	..... ..... ..... ..... <b>Post Code</b>	
<b>Tel No</b>		
<b>Please supply 2 Additional Emergency Contact Numbers</b>		
<b>NAME</b>	<b>1.</b>	<b>2.</b>
<b>ADDRESS</b>		
<b>Tel No</b>		
<b>Please list any Allergies/ Regular Medication/ Dietary Requirements or Health Issues</b>		
<b>Allergies</b> <b>Medication</b> <b>Dietary Needs</b> <b>Health Issues</b>		
<b>Anyone who <u>does not</u> have legal contact</b>		
<b>Who has Parental Responsibility</b>		
<b>Preferred Start Date</b>		

**Please indicate Sessions Required** ✓

<b>DAY</b>	<b>FULL DAY</b>	<b>MORNING</b>	<b>AFTERNOON</b>
<b>MONDAY</b>			
<b>TUESDAY</b>			
<b>WEDNESDAY</b>			
<b>THURSDAY</b>			
<b>FRIDAY</b>			

**How did you hear about the Nursery?**

**I acknowledge that I have read the terms and conditions of the Nursery and agree to be bound by them.**

**Signature** .....

**Date** .....