



Suite 2  
The Oast House,  
62, Bell Road,  
Sittingbourne,  
Kent ME10 4HE  
Tel: 01795-550009  
**APPLICATION FORM**

Full Name of Child.....

Address of Child .....

..... Post Code.....

Date of Birth..... Gender.....

Make of car.....Car Reg.....Colour of car.....

**Parents &/Guardians.**

Name of Main Carer.....

Address (if different from above).....

Contact details: Home.....Work..... Mobile.....

E-Mail: .....

Name, address and telephone numbers of other persons to contact if Parents/  
Guardians are unavailable (include relationship to child):

1.....

2.....

3.....

Language Spoken at Home & Religion.....

**Ethnicity: Please tick one**

**White- British**

Irish.....  
Traveller of Irish Heritage.....  
Gypsy/Roma.....

**Mixed- White and Black Caribbean**

White and Black African.....  
White and Asian .....  
Any other mixed background.....

**Asian or Asian British**

Indian.....  
Pakistani.....  
Bangladeshi  
Any other Asian Background.....  
**Any other ethnic background**  
.....

**Black or Black British**

Caribbean.....  
Africa.....  
Any other Black background.....

**Chinese**

Chinese.....

**State any illnesses your child has had including:**

**Measles..... Whooping Cough..... Asthma.....**  
**Mumps..... Chicken Pox..... Hepatitis.....**  
**Scarlet Fever..... Rheumatic Fever..... Other.....**

**Is your child on medication? If yes, please state what and for what reason?**

.....

**Has your child been in hospital? If yes, when and for what reason.....**

.....

**Any known allergies / Dietary Requirements Yes / No**

**If yes please give details.....**

**Is your child's vaccinations up to date: yes / no**

**Does your child have any special needs? If so please give details.....**

.....

**Does your child have any Health requirements.....**

.....

**Name, address and telephone no, of family doctor.....**

.....

**Health Visitor and Contact Number.....**

**Any other information you think we might find useful? .....**

.....

**I Do / I Do not give Little Treasures Kindergarten staff permission to use photographs of my child for publicity purposes.**

**I Do / I Do not give consent to my child having his/her hair inspected.**

**I agree to my child attending the above Kindergarten and that I have read the Prospectus and agree to abide by the terms therein.**

**I Do/ I Do not give the Kindergarten staff permission to apply sun cream on my child.**

**I agree that should my child be absent I will still pay the fees due.**

**I give/ I do not give permission for the staff to take my child on short walks.**

**I agree / I disagree should the necessity arise, to the Person in Charge giving consent on my behalf for an anaesthetic to be administered or for any other urgent medical treatment to be given.**

**I give permission for the staff to apply a plaster, if necessary. If any allergies to plasters please let a member of staff know.**

**To be signed by Parent/Guardian.....**

**If you do not wish to sign this statement please state procedures you wish us to follow.**

.....

**Signature..... Date..... (Parent/Guardian)**

**Where did you hear about the Kindergarten.....**

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**FOR OFFICE USE ONLY:**

	MON	TUES	WEDS	THUR	FRI
9AM-12 PM.					
12.30PM- 3PM					
9AM.- 3PM.					

**Start Date.....**

**Birth Certificate Number.....**