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[www.brightstarts.co](http://www.brightstarts.co)

## Application Form

### Child's Details

Full Name of Child		Preferred Name	
Date of Birth		Sex	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Address:			
Address:			
Postcode		Home Phone:	

### Child's Background

Child's Religion:		Child's Ethnic Group:	
What is the first language spoken at home?			
Is there any other language spoken at home?			

### Mother's Details

Mother's Name:		Mobile:	
Email:			
Home Address (If different from child's)			
		Home Phone:	
Occupation:		Employer:	
Work Email:		Work Phone:	

### Father's Details

Father's Name:		Mobile:	
Email:			
Home Address (If different from child's)			
		Home Phone:	
Occupation:		Employer:	
Work Email:		Work Phone:	

### Who has parental responsibility?

Name:			
Name:			
Are there any contact restrictions? (If yes please give details)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Details:			

Other Emergency Contacts			
Name:		Relationship to child:	
Telephone Number:			
Name:		Relationship to child:	
Telephone Number:			
Name:		Relationship to child:	
Telephone Number:			

Childcare Session Plan	
Start Date:	

Day	Morning			Afternoon				Full Day				
Monday	From:		To:		From:		To:		From:		To:	
Tuesday	From:		To:		From:		To:		From:		To:	
Wednesday	From:		To:		From:		To:		From:		To:	
Thursday	From:		To:		From:		To:		From:		To:	
Friday	From:		To:		From:		To:		From:		To:	

Collection Arrangements			
Who is authorised to collect your child other than parents? Your child will only be allowed to leave the nursery with people listed here. <b>Any changes to this information should be made in writing to your Nursery Manager.</b>			
Name:		Relationship to child:	
Name:		Relationship to child:	
Name:		Relationship to child:	
As an extra precaution you may use a password. Anyone collecting your child should be made aware of this.			
Password:			

Doctor's Details			
Doctor's Name:			
Docotr's Address:			
		Doctor's Telephone Number:	
Health Visitors Name:		Health Visitor's Number:	

Medical Details
<b>Medical Details</b> Does your child have any allergies we should be made aware of? Please give detail:
<b>Allergies</b> Does your child have any allergies we should be made aware of? Please give details
<b>Long Term Medication</b> Is your child on any long term medication we should be made aware of? Please give details:
<b>Special Dietary Requirements</b> Does your child have any special dietary requirements? E.g. Vegetarian. Please give details:
<b>Other</b> Is there any other information related to the care of your child of which we should be made aware:

**Permissions- Do you give the nursery permission to:**

Do you give the nursery permission to take photographs of your child for their development files?		Yes		No
Do you give the nursery permission to use photographs for promotional purpose?		Yes		No
Do you give the nursery permission to use photographs on social media sites?		Yes		No
Do you give the nursery permission to take your child out on outings to local shops etc?		Yes		No
Do you give the nursery permission to administer first aid?		Yes		No
Do you give the nursery permission to take your child to hospital?		Yes		No
I consent to any necessary or emergency medical treatment to be sought and administered, including anaesthetic and blood transfusions, as considered necessary by medical authorities		Yes		No

**Signature :****Date:****Registration and Deposit**

<b>Registration Fee:</b>	<b>No Registration Fee.</b>
<b>Deposit:</b>	<b>£50 is payable to confirm place and is non refundable.</b>

I understand and acknowledge that the fee due for my child's nursery place is to be paid per calendar month and is paid one month in advance, directly into the bank and non refundable in case of absence. I further agree to give one month's notice or payment in lieu of notice if I wish to withdraw my child from the nursery. I understand that failure to pay said fees may result in loss of childcare provision.

**Signature :****Date:**

For office use only

Notes