



Application form for

Busy Bees Nursery School Ltd

28 St Johns Street, Beck Row, Suffolk, IP28 8AA

01638 718249 - www.busybees-nurseryschool.co.uk

Child's Surname: _____ Child's Forename: _____

Date of Birth - Day _____ Month _____ Year _____

Address: _____

_____ Postcode: _____

Parent/Carers Name (1): _____ Mobile No: _____

_____ Work No: _____

Place of Work/Employer/Department: _____ Home No: _____

_____ Email: _____

Parent/Carers Name (2): _____ Mobile No: _____

_____ Work No: _____

Place of Work/Employer/Department: _____ Home No: _____

_____ Email: _____

Required Start Date: _____

Please tick the sessions required:

	Nursery Sessions			Kid's Club - Before and after care		
	AM	Lunch	PM		AM	PM
Monday	___	___	___	Monday	___	___
Tuesday	___	___	___	Tuesday	___	___
Wednesday	___	___	___	Wednesday	___	___
Thursday	___	___	___	Thursday	___	___
Friday	___	___	___	Friday	___	___

If your child will be attending the 'Kid's Club' will you require use of the school bus? **Yes / No**

If so, which primary school do/will they attend? _____

Will you require care in the Kid's Club for half term time only? _____

Continued over the page...

Managing Director: Jean Beales

Does your child currently attend another setting? **Yes / No**

If so, how much notice do they require? _____

Lorna Barker (MA DIP SW) is our Special Educational Needs Co-ordinator. In accordance to our Equal Opportunities policy we aim to develop inclusive practice within our setting, it may be necessary to seek advice from other professionals from time to time on how to adopt our practice to meet individual needs. Please sign to acknowledge agreement with this.

Parent / Care 1: Sign _____ Parent / Carer 2: Sign _____

Please give details on the following information:

Does your child have any allergies? _____

Does your child suffer from any medical conditions? _____

Has or is your child currently seeing any of the following professionals:

Health Visitor: **Yes / No**

Advisory Teacher: **Yes / No**

Speech and Language Therapist: **Yes / No**

Educational Psychologist: **Yes/ No**

Occupational Therapist: **Yes / No**

Paediatrician: **Yes / No**

Portage: **Yes / No**

Physiotherapist: **Yes / No**

Other _____

If you answered yes to any of the above please give details: _____

**ANY INFORMATION GIVEN WILL BE USED FOR THE SOLE USE OF THE NURSERY.
ALL INFORMATION WILL REMAIN STRICTLY CONFIDENTIAL.**

Where did you hear about the nursery? _____

Have you received a Busy Bees Brochure? **Yes / No** Have you visited the nursery? **Yes / No**

Signed _____ Signed _____

(where there is more than one parent, will both sign please) Date _____

AFTER RECEIVING YOUR APPLICATION, IT WILL BE PLACED ON THE WAITING LIST. ONCE A PLACE BECOMES AVAILABLE WE WILL CONTACT YOU AND INVITE YOU IN TO HAVE A LOOK AROUND AND MEET THE STAFF.

Thank you for your enquiry