

Butterfly Nursery Scotland - Application Form

Child's Details

Full name of child: Date of birth:.....

Address:..... Postcode:

When do you wish the placement to commence?.....

Parent/Carers Details

Mother's Name:

Address:..... Postcode:

Tel No: Mobile No: email:

Employment status: Further training/education:

Employer/College: Tel No:

Father's Name:

Address:..... Postcode:

Tel No: Mobile No: email:

Employment status: Further training/education:

Employer/College: Tel No:

Name and Ages of Other Children in the Family:

Name	Date of Birth	Position in family

Emergency Contact Details:

It is the responsibility of parent/carer to notify the Nursery of any change of address, telephone number and emergency contact details.

STAFF **MUST** BE ABLE TO CONTACT AT ALL TIMES A PARENT/CARER OR NOMINEE IN CASE OF AN EMERGENCY.

Name of Contact Person:

Address: Tel No:

Relationship to Child:

PLEASE NOTE:

- Children should be brought to and collected from the Nursery by a responsible adult over 16 years of age
- The Nursery **MUST** be informed if an adult unknown to staff, or not on their collection list, is collecting your child as without this consent, your child cannot be removed from the Nursery for reasons of safety
- Children will not to be released into the care of an adult who appears to be incapable or suspected of being under the influence of substance abuse
- A charge of £5.00 will be applied for children not collected within the appropriate timescale (Up to 10 minutes) and a further £5.00 for every subsequent 10 minutes
- The nursery must be notified of any absence before the end of session as stated in our absence procedure

Who has Permission to Collect your child from Nursery?

Name:

Address:..... Post Code:

Tel Number: Relationship:

Name:.....

Address: Post Code:

Tel Number: Relationship:

Nursery Place Requested (please tick as appropriate):

Placement	Session times	Mon	Tue	Wed	Thu	Fri
Sessional Morning	8.00 am – 11.30am					
Sessional Afternoon	1:00 om – 4:30 pm					
Extended session with Lunch	8.00 am – 1.00pm					
Full Day	8:30 am – 4.00pm					
Extended Full Day	8:00 am – 5:30 pm					

Fee Policy

Funded sessions will be 8:00 am to 11:30 am or 1:00 pm to 4:30 pm (for 50 weeks of the year, therefore including Easter Summer and October holidays)

Additional/wraparound hours can be purchased if required and available, these are charged at £4.00 per hour (restricted to set sessions with a minimum of 3 sessions or 2 full days)

*Fees are required to be paid in advance in order to secure placement.

Reasons for Application (Please circle as appropriate)

Is there a need for a priority place? YES NO

If so, can you tell us about it? (Medical/Health reasons, Social Work Referral etc.)

.....

Referrals and Supported Applications

Please note:

Referrals and letters of support will only be considered for high priority applications.

Name of Referee: Position:

Organisation:Address:

Tel No : email:

About me (Please complete as appropriate for child)

I am known as:

I like:

I do not like:

Who lives with me?

.....

My pet's name is:

My favourite colour is:

My favourite toy/game is:

My favourite song is:

I have a comforter yes/no

I need this when

Feeding routine:

Bottles – Formula/breast milk:

Weaning – Yes/No

Solids – Yes/No

Sleeping routine –

Stage of mobility:

Sitting – supported/independently

Crawling – Yes/No

Walking – Yes/No

Medical Information

Child's GP Name:

Health Visitor:

Address:

Address:

Tel:

Tel:

(We will make contact with your Health Visitor to advise of child's placement)

Please give details of child's known medical/care needs.

.....

Any Diagnosed Condition: Yes/No

Does your child have any Allergies? YES/NO (Please give details)

Type of allergy:

What are the signs and symptoms:

What is the agreed response procedure.....

Has your child had a 27-30 month assessment? YES/NO

Other Health Professionals in contact with child:

Dentist Tel

Speech & Language Tel

Educational Psychologist Tel

Social Worker Tel

