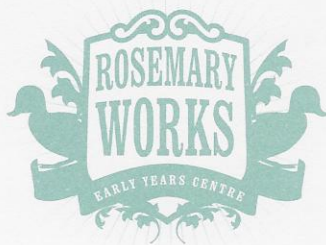


Rosemary Works EYC Limited
Unit 2A Branch Place
Rosemary Works
Branch Place
London N1 5PH
Tel 020 7613 5500



Rosemary Works School
1 Branch Place
London N1 5PH
Tel: 020 7739 3950
www.rosemaryworks.com

Application Form

First Name Middle Name Last Name Date of Birth Age

Address Postcode Sex

Home Phone no. Email address

Parent/Carer 1 Name Parent/Carer 1 Profession and Work Address

Parent/Carer 1 Postcode Parent/Carer 1 Phone no. Parent/Carer 1 Mobile no. Relationship to child.

Parent/Carer 2 Name Parent/Carer 2 Profession and Work Address

Parent/Carer 2 Postcode Parent/Carer 2 Phone no. Parent/Carer 2 Mobile no. Relationship to child.

Emergency Contacts Names and Telephone Numbers

Please indicate which days and which times you require your child to attend.

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start/Finish Time <input type="text"/>	Start/Finish Time <input type="text"/>	Start/Finish Time <input type="text"/>	Start/Finish Time <input type="text"/>	Start/Finish Time <input type="text"/>

Preferred Start Date

I wish to apply for a place for my child in Rosemary Works Early Years Centre. I have received and read the Terms and Conditions relating to my child's attendance at the Nursery and agree to comply with them. I enclose the £50 registration fee. Please make all cheques payable to Rosemary Works EYC Limited, and return to Magalie Billaud, Rosemary Works EYC Limited, Unit 2A Branch Place, London, N1 5PH.

Signed Parent/Carer 1 Date

Signed Parent/Carer 2 Date

First Name

Middle Name

Last Name

Doctor's Name and Address

Regular Medication

Allergies

Other Information

Please indicate which of these immunations your child has had.

Tetanus

Whooping C.

Diphtheria

Measles

Rubella

Meningitis

HIB

Polio

Please indicate which of these illnesses your child has had.

Whooping C.

Measles

German Measles

Scarlet Fever

Croup

Asthma

Consent Form

I/We the undersigned, being the parents or legal guardians of

First Name

Last Name

("our child") who attends Rosemary Works Early Years Centre, Unit 2A, Branch Place, London N1 5PH hereby consent, in the event of our child requiring medical treatment - in the view of a medical practitioner - whilst in the care of the nursery, to our child receiving such treatment. I/We also acknowledge that neither the Nursery nor its proprietor nor its staff shall incur any liability whatsoever in relation to either the decision to apply to such treatment or the treatment itself.

I/We also consent to Calpol, or other remedies, being given to my child by the nursery, after consultation with me or other parent or responsible person.

I/We also consent that

First Name

Last Name

may go out from the Nursery on outings and visits as arranged from time to time by the nursery staff.

Signed

Date

Print Name

Address