



Application Form - Registration of interest.

Thank you for your interest in Bellaclaire Childcare Ltd for your child's nursery. Please complete the application in full and return it to Bellaclaire at your convenience. Once we have reviewed the application you will be notified in writing within 7 working days of receipt of the application if we are able to offer your child / children a placement.

Once we have notified you in writing if you would like to accept the placement you will enter into a contract with Bellaclaire Childcare Limited and be required to pay a one off administration fee of £57.50 (non- refundable).

Our current hourly rate is £5.25 per hour from age 18 months to 5. This will include breakfast (where required) and snacks throughout your child's time with us.

Should you have any questions in relation to your child's application form please do not hesitate to contact us -

Email: bellaclairechildcare@hotmail.com or
Telephone: 07519 389797 or 01954 789745.

Please complete this application form / registration of interest in full.

Childs Information:

Childs First Names:	
Childs Last Name:	
Please tick - Male <input type="checkbox"/> Female <input type="checkbox"/>	
Childs DOB:	Does your child have any special educational needs? yes / no

House Name / Number:
Street:
Village / Town
County
Postal Code:

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Does your child have any special dietary requirements? Description:	YES	NO
Does your child have any medical issues? Description:	YES	NO
Does your child require any medication? Description:	YES	NO

Any other information you feel appropriate for us to know: Description:

Religion:	Ethnic Origin:
What languages does your child speak?	
What is the first language spoken at home?	

Parent / Carer Information (please complete both columns)

Parent / Carer 1

Parent / Carer 2

First Name:	First Name:
Last Name:	Last Name:

House Name / No.	House Name / No.
Street:	Street:
Village / Town:	Village / Town:
County:	County:
Postal Code:	Postal Code:
Email:	Email:
Telephone Number: Mobile:	Telephone Number: Mobile:
Does this person have parental responsibility? YES NO	Does this person have parental responsibility? YES NO
Place of Work: Address:	Place of Work: Address:
Work Telephone:	Work Telephone:

Please be advised that by providing Bellaclaire Limited with your email we will use this if you take a placement to keep you up to date with your child's daily progress through Babysdays.

Please confirm that you are in agreement that both parties as above are given consent to receive information in connection with your child / children by email, telephone and or post. If you wish only one person to receive information please state below clearly which named person you would like to opt out:

I would like: _____ to opt out of receiving information about my child / children as stated above.

Emergency Contact/s (other than the above parent / carer)

First Name:	First Name:
Last Name:	Last Name:
House Name / No.	House Name / No.
Street:	Street:
Village / Town:	Village / Town:

County:	County:
Relationship to child:	Relationship to child:
Telephone Number:	Telephone Number:
Mobile:	Mobile:
Place of Work: Address:	Place of Work: Address:
Work Telephone:	Work Telephone:

Doctors Details / Health Visitor

Doctors Name:	Doctors Surgery:
Doctors Telephone Number:	
Doctors Address:	
Please state who your Health Visitor is:	

Immunisations / vaccinations - Please if you child has been given the following:

Are all immunisations up to date? YES NO Dated:

Diphtheria Measles Polio Mumps

Hib Meningitis Rubella Whooping Cough

Other settings:

At Bellaclaire we feel it is vital that if your child is receiving childcare through another setting / person alongside our facility, that we are in touch with them. This is to enable us to share information with them to promote the development of the child.

Is you child in another setting (alongside Bellaclaire)? YES NO

If yes please provide details:

Name: _____ Telephone: _____

Address:

Email:

Sessions / Start Date:

Please indicate which hours you would like your child / children to attend Bellaclaire. By completing this application / registration document it does not mean you are guaranteed to be offered the hours stated below or indeed that there is a space. You will be contacted in writing within 7 working days of receipt of the application form if we are able to offer you a placement and at this point we will be able to confirm the hours we have available. (please tick where appropriate your preferred hours -

MINIMUM 2 HOURS SESSIONS)

MON	0730-0800	0800-0900	0900-1000	1000-1100	1100-1200	1200-1300	1300-1400	1400-1500	1500-1600	1600-1700	1700-1800
TUES	0730-0800	0800-0900	0900-1000	1000-1100	1100-1200	1200-1300	1300-1400	1400-1500	1500-1600	1600-1700	1700-1800
WEDS	0730-0800	0800-0900	0900-1000	1000-1100	1100-1200	1200-1300	1300-1400	1400-1500	1500-1600	1600-1700	1700-1800
THURS	0730-0800	0800-0900	0900-1000	1000-1100	1100-1200	1200-1300	1300-1400	1400-1500	1500-1600	1600-1700	1700-1800
FRI	0730-0800	0800-0900	0900-1000	1000-1100	1100-1200	1200-1300	1300-1400	1400-1500	1500-1600	1600-1700	1700-1800

Home Visits

At Bellaclaire we offer as part of our induction a home visit, this gives an opportunity for us to meet you and your child in familiar surroundings and with their own toys and favourite items. It gives us a better idea of what your child enjoys and enables us to make the transition to Bellaclaire as seamless as possible. This would mean we are able to have activities in place and toys to play with which we know they will have an interest in. This is not compulsory but we do feel is a very important part of getting to know your child and their likes and dislikes. We will arrange a time suitable to you for this visit and are respectful if you are not able to have a home visit. We would not expect this visit to last more than 30 minutes.

Please accept this completed application / registration, I understand that I will be contacted in writing 7 days from receipt of this completed document to Bellaclaire Childcare Limited and that should a space be available I will be required to sign a contract with Bellaclaire Limited and pay the £57.50 administration fee.

Signed:

Name:

Dated:

Office Use Only:

Date received:

Reviewed by:

Date response sent: