



**APPLICATION FORM**

**Name of child**

.....

**Date of birth/ \*Expected date of birth.**

.....

**Proposed start date**

*(NB: Minimum age of entry 10 weeks)*

.....

**Gender**

Female  Male  Prefer not to say

**Language Spoken** .....

**Religion**.....

**Ethnic Origin** .....

**Parent 1 Name**

.....

**Parent 2 Name**

.....

**Address**

.....

.....

**Address (if different to parent 1)**

.....

.....

**Telephone No:** .....

**Telephone No:** .....

**Alternative contact No:**.....

**Alternative contact No:**.....

**E-mail:** .....

**E-mail:** .....

**Staff/Student University Number:**

.....

**Staff/Student University Number:**

.....

**Full-time/Part-time**

*Please delete as appropriate*

**Full-time/Part-time**

*Please delete as appropriate*

**Department work/study**

.....

**Department work/study**

.....

**Telephone Number:**.....

**Telephone Number:**.....

How did you hear about Little Scholars?

.....  
.....

**Medical conditions/Additional needs/  
Dietary requirements**

.....  
.....  
.....

**Name and address of doctor**

.....  
.....  
.....

**Has your child had the recommended childhood immunisations? Please tick.**

	YES	NO
Polio Diphtheria, tetanus, petussis and Hib (DTP-Hib)		
MenC		
Measles } Mumps } MMR Rubella }		

**Please tick the session's you require.**

	MON	TUES	WED	THURS	FRI
a.m.					
p.m.					

Signed .....

Parent/Carer

Date .....

**Please complete completed form to:**

**Little Scholars Nursery Manager, Cardiff University, 43-45 Park Place, Cardiff CF10  
3BB. email: [Littlescholarsnursery@cardiff.ac.uk](mailto:Littlescholarsnursery@cardiff.ac.uk)**