

The Rowans Day Nursery  
Michael House  
A Steiner Waldorf School



Application for Admission of a Child

To be completed by parents or guardians; please fill  
in the details in BLOCK CAPITALS

Details of Child

Full Name.....

Date of Birth.....

Details of Parents or Guardians

Title.....

Title.....

Address.....

Address.....

.....

.....

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.....

.....

Telephone (Home).....

Telephone (Home).....

.....

.....

(Work) .....

(Work).....

Occupation or Business

Occupation or Business

.....

.....

If a child does not live with both parents or guardians, please make  
a clear who the child is living with and where

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.....

.....

Particulars of Child's Illnesses and Disabilities

Please give details of any particular illness or disability which your  
child has suffered from e.g. asthma, eczema, sight or hearing  
deficiency, diabetes, epilepsy, etc. (if necessary attach a separate  
sheet).

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Any Dietary Requirements please give full details (if necessary attach a separate sheet).

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Other Relevant Information

Please give details of any other factors which you feel might have a bearing on this application.

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 .....

Child's Intended Weekly Hours

(Please tick the appropriate boxes)

Day of the Week/ Session Time	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 7.30 - 1.00					
Afternoon 1.00 – 6.00					

Note: Lunch will be served at 12.00

Undertakings

In signing this application form you undertake that –

- i) We will pay the fees and all other bills rendered by The Rowans Day Nursery as they fall due.
- ii) We will give a full months notice in writing to the Nursery Manager, of our intention to withdraw any of our children.

Signed.....  
 Signed.....  
 Date .....

For Office Use

Signed By Nursery Manager.....Date.....  
Designated Key Worker.....  
Signed By Key Worker.....  
Signed By Administrator.....  
Application Form Returned Date.....  
Date of Commencement.....  
Roll Number.....

The Rowans Day Nursery  
Michael House  
A Steiner Waldorf School



Medical History Form

Child's Name.....  
Address.....  
.....  
.....

Date of Birth..... Sex.....

Person/s to contact in case of emergency

Person 1  
Name.....  
Daytime Telephone.....  
Mobile Telephone.....

Person 2  
Name.....  
Daytime Telephone.....  
Mobile Telephone.....

GP's Name and Address.....  
.....  
.....  
.....  
.....

Please Detail appropriate answer below

Were there any problems associated with your child at birth e.g. breech, premature etc? Yes/No

If yes give details.....  
.....

Does your child have any allergies? Yes/No

If yes give details.....  
.....

Does your child have any medical problem of which we should be aware in order to respond appropriately to any accident or illness? Yes/No

If yes give details.....  
.....

Has your child ever been admitted to hospital? Yes/No

If yes give details.....

Name of Hospital .....

Reason for attendance.....

Date Attended.....

Has your child ever required attendance at hospital clinic? Yes/No

If yes give details.....

Name of Hospital .....

Reason for attendance.....

Date Attended.....

Has your child been immunised against Tetanus? If yes give the approximate date.....

Please give any information which may be medically helpful.....

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In case of minor First Aid treatment the nursery uses Homeopathic preparations. Please below if you do not wish us to follow this procedure.....

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Hospital casualty departments require this information to collate and cross reference their records.

Please return this completed form to The Rowans Day Nursery at Michael House School.

All above information is taken in the strictest confidence.

Thank you for your co-operations

Signed..... Date.....

Michael House a Steiner Waldorf School, The Field, Shipley, Heanor, Derbyshire DE75 7JH  
Tel: 01773 718050

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