



Little Stars Nursery, Parkside Cross, Barnehurst, Kent DA7 6ND
 Tele 01322 525021, Mobile :- 07804 650095
 Website – www.littlestars1.co.uk , E-Mail Kazlucas60@gmail.com



Session times **A.M** (Mon– Fri 8:30 – 11.30 a.m.) **P.M** (Mon, Tues, Wed, Thurs 12.15 – 3.15 p.m.)

Please complete and return the form to: -Karen Lucas, 11, Fairford Avenue, Barnehurst, Kent DA7 6QN. – Alternatively you can deliver this direct to Nursery during opening hours or submit by email.

Email :- kazlucas60@gmail.com and please take the time to visit our website www.littlestars1.co.uk

CHILDS NAME: -	M / F	DOB:	Start date:
Home Address:		Religion: (Implication for school)	
Postcode:		Ethnic origin:	
Primary contact telephone no:-			
Email address “Please write this down as exact and as clear as you can as main method of parent contact ensuring dots dashes etc are clearly displayed”			
Emergency contacts:	1 st Contact name:-		
	Tele no		
	2 nd Contact name:-		
	Tele no		
Child Minder / Carer (If applicable):-			
GP Name / Health visitor Practice:		Medical notes: (Including allergies, medication, general health).	
Telephone:		Immunisations:	
Any concerns parents / carers would like to share?			

Please indicate by ticking the box (use lowercase letter a and a tick should appear) against the day of your preferred sessions for your child to commence at **Little Stars nursery** (These cannot be guaranteed but we will try our best).

Monday (AM) Tuesday (AM) Wednesday (AM) Thursday (AM) Friday (AM)

Monday (PM) Tuesday (PM) Wednesday (PM) Thursday (PM) Closed Fri (PM)

Kindly complete the following: -



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I _____ the parent / guardian of _____ give my permission for the person in charge of the nursery to take any action necessary, in the event of an accident or emergency including medical aid.