



Application Form

ENROLMENT & REGISTRATION

Please complete this form and return it to the nursery by handing it in to the office or to the nursery manager.

If something does not apply, please write N/A.

48A Eastgate · Cowbridge · CF71 7AB
01446 396 000 · cowbridge@bijou-nursery.com
www.bijou-nursery.com

SECTION 1

Personal Details of Child

CHILD'S SURNAME

CHILD'S FIRST NAMES

GENDER

DATE OF BIRTH

LANGUAGE SPOKEN AT HOME

RELIGION (IF ANY)

CHILD HOME POSTCODE

COLLECTION PASSWORD

CHILD HOME ADDRESS

DOES THE CHILD LIVE AT A DIFFERENT ADDRESS? IF YES, PLEASE GIVE DETAILS

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR DISABILITIES? PLEASE GIVE DETAILS

All About Me

Please tell us about your child — their likes, dislikes, comforters, sleeping routines, favourite activities, and anything else that will help us care for them. Continue on a separate sheet if needed.

SECTION 2

Main Contact Details

PARENT / MAIN CARER NAME

EMAIL ADDRESS

PHONE NUMBER

PREFERRED CONTACT METHOD

BEST TIME TO CALL

SECTION 3

First Adult Details

RELATIONSHIP TO CHILD

TITLE

SURNAME

FIRST NAME

HOME TELEPHONE

MOBILE

WORK TELEPHONE

EMAIL ADDRESS

POSTCODE

PARENTAL RESPONSIBILITY?

Yes No

HOME ADDRESS

EMPLOYER NAME AND ADDRESS

SECTION 4

Second Adult Details

RELATIONSHIP TO CHILD

TITLE

SURNAME

FIRST NAME

HOME TELEPHONE

MOBILE

WORK TELEPHONE

EMAIL ADDRESS

POSTCODE

PARENTAL RESPONSIBILITY?

Yes No

HOME ADDRESS

EMPLOYER NAME AND ADDRESS

SECTION 5

Emergency Contact 1

NAME

RELATIONSHIP TO CHILD

TELEPHONE NUMBER

MOBILE

POSTCODE

PARENTAL RESPONSIBILITY?

Yes No

ADDRESS

SECTION 6

Emergency Contact 2

NAME

RELATIONSHIP TO CHILD

TELEPHONE NUMBER

MOBILE

POSTCODE

PARENTAL RESPONSIBILITY?

Yes No

ADDRESS

SECTION 7

Sessions and Attendance

USING CHILDCARE OFFER FOR WALES?

Yes No

ATTENDANCE TYPE REQUESTED

REQUESTED START DATE

ESTIMATED FINISH DATE

Requested Weekly Schedule

DAY	START TIME	END TIME	SESSION TYPE
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

ADDITIONAL NOTES / SCHEDULE SUMMARY

SECTION 8

Fees, Payment Terms & Childcare Offer for Wales

Payments are due on the **1st of the month**. A **£25 late payment fee** applies after the 10th of the month.

A late collection fee of **£10** applies if not notified of a delay, rising to **£15 after 15 minutes** and **£25 after 20 minutes**.

Invoice amounts may vary based on the number of days in the month. Bijou offers a **10% sibling discount**.

Extra sessions are subject to availability and, once booked, cannot be swapped.

If using the **Childcare Offer for Wales**, funded hours do not include meals, snacks, activities, transport, or certain additional charges. Meals are charged at **£3.00 per meal** and snacks at **90p per snack**.

- I confirm that I understand the fees, payment dates, late payment fees, and late collection charges described above.
- I understand that the Childcare Offer for Wales does not cover all charges and that meals, snacks, activities, transport, and other extras may still apply.

SECTION 9

Medical, Health & Welfare Information

Doctor Details

DOCTOR NAME

DOCTOR TELEPHONE

DOCTOR POSTCODE

DOCTOR ADDRESS

Health Visitor Details

HEALTH VISITOR NAME

HEALTH VISITOR TELEPHONE

HEALTH VISITOR POSTCODE

HEALTH VISITOR ADDRESS

Health & Welfare

Does your child have any allergies?

Yes No

IF YES, PLEASE GIVE DETAILS

Does your child have any medical conditions?

Yes No

IF YES, PLEASE GIVE DETAILS

Does your child take regular medication?

Yes No

IF YES, PLEASE GIVE DETAILS

Does your child attend another setting?

Yes No

IF YES, PLEASE GIVE DETAILS

Is any agency involved with your child?

Yes No

IF YES, PLEASE GIVE DETAILS

ANY PROCEDURES NOT PERMITTED IN AN EMERGENCY?

CULTURAL OR DIETARY REQUIREMENTS

Are vaccinations up to date?

Yes No

VACCINATION NOTES

SECTION 10

Vaccination Checklist

Please tick each vaccination your child has received. If you are unsure, please check your child's red book (Personal Child Health Record).

AGE	VACCINATION	RECEIVED ✓
8 weeks	DTaP / IPV / Hib (6-in-1)	<input type="checkbox"/>
	PCV (Pneumococcal)	<input type="checkbox"/>
	Rotavirus	<input type="checkbox"/>
	MenB	<input type="checkbox"/>
12 weeks	DTaP / IPV / Hib (6-in-1)	<input type="checkbox"/>
	Rotavirus	<input type="checkbox"/>
16 weeks	DTaP / IPV / Hib (6-in-1)	<input type="checkbox"/>
	MenB	<input type="checkbox"/>
	PCV (Pneumococcal)	<input type="checkbox"/>
1 year	MMR	<input type="checkbox"/>
	MenB booster	<input type="checkbox"/>
	Hib / MenC	<input type="checkbox"/>
	PCV booster	<input type="checkbox"/>
2-8 years	Influenza (annual)	<input type="checkbox"/>
3 yrs 4 mths	MMR (2nd dose)	<input type="checkbox"/>
	Pre-school booster (DTaP / IPV)	<input type="checkbox"/>

SECTION 11

Policies, Permissions & Declarations

Please review the nursery policies and procedures before signing. Full policies are available at bijou-nursery.com/policies-procedures or on request.

- I confirm that I have read Bijou Day Nursery & Crèche policies and procedures.
- I confirm acceptance of the enrolment contract and understand the fee structure and charges.
- I give permission for the nursery to apply sun cream / nappy cream / barrier cream.

- I give permission for the nursery to wash / change my child in the event of an emergency toilet accident.
- I give permission for the nursery to take appropriate action in the event of illness, accident, or emergency.
- I give permission for the nursery to administer medication if needed by the child.
- I give permission for my child to leave the nursery premises with the appropriate members of staff.
- I give permission for my child to be taken / collected in a staff member's car or dedicated vehicle.
- I confirm that the answers in this application are true to the best of my knowledge and I will inform the nursery of any changes.
- I give permission to Bijou Day Nursery & Crèche Ltd to process the data in this form in accordance with GDPR regulations.
- I consent to Bijou Day Nursery & Crèche Ltd sending me information about their products and services.

Photo Permissions

- | | | |
|---|------------------------------|-----------------------------|
| Photographic evidence to be shared amongst parents of our nursery | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Photographic evidence to be used for developmental files | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Media photos (website, leaflets, local press, etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Newsletter / website display | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION 12

Signature

By signing below, I confirm that all information provided in this application is accurate and complete to the best of my knowledge. I understand that I must inform Bijou Day Nursery & Crèche of any changes to the information given.

PARENT / CARER FULL NAME

DATE

SIGNATURE

Office Use Only

Date received: _____ Processed by: _____

Start date confirmed: _____ Room allocated: _____

Key person assigned: _____

Bijou Day Nursery and Creche Ltd · Registered in England and Wales
48A Eastgate, Cowbridge, CF71 7AB · 01446 396 000