



The University of Edinburgh Day Nursery Application Form



Welcome to the nursery,

Please complete the form below.

All information given is confidential and when completed, should be returned to:-

Mrs Rhona R. Connell University Day Nursery 79/81 Dalkeith Road Edinburgh EH16 5AL.

Applicant

(Mr/Mrs/Ms).....

Address.....

Post Code.....

Tel No: Home.....

Work.....

Mobile tel. no

E-Mail Address.....

***Partner/Emergency Contact**

(Mr/Mrs/Ms).....

Post Code.....

Tel No: Home.....

Work.....

E-Mail Address.....

Mobile.....

Child's Details:-

Surname.....

Fore Name(s).....

Sex.....

Nationality

*Date of Birth/E.D.D.....

Age at entry.....

Names and ages of other children in family

.....

Date placement should commence

(Although we can supply some part time places, priority is given to full-time applications.)

Hours required :-

Full time (8.30 a.m. to 5.30 p.m.) **Mornings** (8.30 a.m. to 1.00 p.m.)

Afternoons (1.00 p.m. to 5.30 p.m.)

(Please circle as appropriate)

Days required **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

Please circle as appropriate)

*Delete whichever is appropriate

Does your child have any additional needs?
i.e. Diet / Cultural / Medical.

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Please give details of any childhood diseases
Immunisations and Medication

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Name of G.P and address

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tel. no.

Applicant

Partner

Place of Work

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Any other factors you would like to have taken into account in support of your application:

Signature(s) **Applicant** **Partner**.....

Date..... **Date**.....