



Trenance Childcare
Newquay Children's Centre
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www.trenancechildcare.co.uk

SHARKS BREAKFAST & AFTERSCHOOL CLUB
APPLICATION FORM

PLEASE COMPLETE **ALL** SECTIONS AND RETURN TO THE ADDRESS ABOVE.

CHILD'S DETAILS

Surname: _____ Forename: _____

Other names: _____

Date of Birth: _____ Male / Female: _____

Current Address: _____

If your child has any brothers or sisters,
please provide names & ages. _____

Name of previous nursery/playgroup: _____

FAMILY DETAILS:

Name of parent(s) / carer(s) with whom the child lives: _____

CONTACT DETAILS 1:

Full name: _____ Relationship to child: _____

Home address: _____

Home Tel: _____ Mobile No.: _____ Email: _____

Work address: _____

Work No. _____

Does this person have parental responsibility for the child? Yes No

CONTACT DETAILS 2:

Full name: _____ Relationship to child: _____

Home address: _____

Home Tel: _____ Mobile No.: _____ Email: _____

Work address: _____

Work No. _____

Does this person have parental responsibility for the child? Yes No

CONTACT DETAILS 3:

Full name: _____ Relationship to child: _____

Home address: _____

Home Tel: _____ Mobile No.: _____ Email: _____

Work address: _____

Work No. _____

Does this person have parental responsibility for the child? Yes No

Other person(s) with legal contact *To be completed where those persons with parental responsibility are separated and an S8 order is in place.*

Name: _____

Address: _____

Contact Telephone numbers _____

Relationship to child _____

Emergency contact details if parents are not available *Emergency contacts must be local. You must be happy for us to telephone them in an emergency if the main contacts are not available and you are authorising such persons to collect your child.*

Name: _____

Address: _____

Contact Telephone numbers _____

Relationship to child _____

Name: _____

Address: _____

Contact Telephone numbers _____

Relationship to child _____

CHILDCARE NEEDS

Date childcare required (if known) _____

Please complete for the times needed. (Mon-Thurs) 8-9am, or 3:15pm-5pm/6pm (Friday) 8-9am, 1:45pm-4pm/5pm/6pm

	Monday	Tuesday	Wednesday	Thursday	Friday
Times needed:					

Please give details of any educational difficulties which your child may be experiencing and wish us to be made aware of:

MEDICAL DETAILS

Name of Doctor: _____ Telephone No: _____

Address: _____

Please give details of any ongoing medical conditions:

Please give details of any allergies, food intolerances or specific dietary requirements:

If your child has any special needs or disabilities, please give details:

ETHNICITY & RELIGIONEthnic origins: (e.g. *White European, Black Caribbean, Chinese, etc*) _____

Language(s) spoken at home: _____ Religion _____

Signed: _____ **Print Name:** _____ **Date:** _____

OFFICE USE ONLY:

Birth Certificate <input type="checkbox"/> Initials _____	Visited Setting <input type="checkbox"/> Initials _____	Offered place <input type="checkbox"/> Initials _____	Booking made <input type="checkbox"/> Initials _____	S/sheet updated <input type="checkbox"/> Initials _____	Childsplay updated <input type="checkbox"/> Initials _____
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