



0141 848 5700
4 Thomas St Paisley PA1 2RE
info@abbeynursery.co.uk

For Office Use	Deposit Paid
MTWTHF	
MTWTHF	Start Date
0-1 1-2 2-3 3-5	

Please fill in this application form and return it to the nursery. All information will be treated in confidence.

Full Name of Child.....

Male/Female..... Date of Birth.....

Address.....Postcode.....

Tel No.....

Parent/Guardian

Husband/Partner

Name..... Name.....

Relationship to child..... Relationship to child.....

Please detail who has Parental Responsibilities for the child named in this application.

Parent's Place of Employment

Company Name..... Company name.....

Tel No..... Tel No.....

Mobile Tel No..... Mobile Tel No.....

Emergency contacts - should we not be able to contact either parent

Name..... Tel No.....

Name..... Tel No.....

Authorisation To Collect your Child

You must give your assurance that a responsible adult will always bring and collect your child from the nursery. Please let us know before hand if someone else is to collect your child either regularly or in an emergency. If you fail to do so your child will not be allowed to go until you have confirmed the arrangement with the nursery. Everyone detailed above will be allowed to collect your child without prior separate permission being given. Please let the nursery know immediately if you wish a change to these arrangements.



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Names and ages of other children in the family.....

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Nursery Place Information

Days Required - Please circle required sessions Start Date.....

Monday am pm Tuesday am pm Wednesday am pm Thursday am pm Friday am pm

Does your child attend any other pre five establishment? No Yes Please detail.....

Medical information

Child's Doctor's Name..... Tel No.....

Address.....

Health Visitor's Name..... Tel No

Details of immunisation.....

Has your child had any infectious illnesses YES NO

If YES please detail which infections and when

Does your child have any allergies, health problems or special dietary requirements? YES NO

If YES please detail problems, reactions, etc and action to be taken by Nursery staff

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Parental consent

Parental consent can only be given by a parent or carer who has Parental Responsibility for the child named in this application form.

- | | | |
|--|-----|----|
| Do you wish your child to participate in local outings to the park, walks, excursions, etc .
[This may include travelling on public transport?] | YES | NO |
| We will photograph or video your child for displays and record keeping as part of your child's assessment and occasionally for publicity e.g. within nursery handbooks or the press. The nursery newsletter containing photos is also downloadable from the nursery's website. Do you wish your child to participate in these? | YES | NO |
| Do you give permission for your child to be photographed or videoed by the relatives of other children during graduations, Christmas plays, parties etc.? | YES | NO |
| Do you give permission for your child to receive basic medical treatment in the event of an accident at nursery? | YES | NO |
| Do you give permission for you child to receive CALPOL for a high temperature?
[Where possible you will be contacted by the nursery to confirm any administration] | YES | NO |
| Do you give permission for your child to receive PIRITON if we suspect your child is having an allergic reaction? [Where possible you will be contacted prior to administration] | YES | NO |
| Do you give consent for your child to be given emergency treatment if an accident occurs and hospital treatment is required? [This may include local / general anaesthetic] | YES | NO |

Signed.....

Date.....



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Greater Renfrewshire Division
Salaried Primary Care Dental Services
Oral Health Promotion Division

RENFREW HEALTH CENTRE
103 Paisley Road
Renfrew
PA4 8LH

0141 314 4636

Dear Parent

It has been shown by many surveys in the last few years that the teeth Of Scottish children are in far worse condition than those of children in other countries.

Two of the main causes of this are our liking for sugar in this part of the world and the fact that many children are not receiving adequate amounts of fluoride to help strengthen their teeth. To make sure that as many children as possible can benefit from stronger teeth the Community Dental Services are offering the chance for your child to take part in a programme of daily toothbrushing using a fluoride toothpaste.

The programme will be initiated and overseen by the Oral Health Promoter who will also arrange for training to enable nursery staff to take over on an ongoing basis.

If you wish to take up this offer please fill out the attached slip and return it to the nursery.

Should you wish to find out more about the programme please contact me on the above telephone number.

Please note that if they do not have a completed slip your child's nursery will be unable to include them in the programme.

Yours sincerely

Mr. A.C. Gerrish
Director of Dental Services

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Name of child..... Date of birth.....

Yes I would like my child to take part in the toothbrushing programme

Signature of parent..... Date.....