



Birth Certificate Seen

Deposit Received

Start date

PR ☐ M ☐ M ☐ F ☐ F

# Application for Enrolment

Child's Name:

Date of Birth:

Address:

Gender:

Home:

Mobile :

Email :

Ethnicity:

Religion:

Parent/Carer Name:

NI Number:

Telephone:

Parent/Carer Name:

NI Number:

Telephone:

Any other information regarding your child e.g. special educational needs, dietary requirements, health conditions, allergies, procedures prohibited for medical/religious reasons or any other information:

Any Professionals or agencies involved with the child or family e.g. Children's Services, Early Help, Speech and Language:

I confirm that the information given above is correct and I promise to contact the Manager as soon as any of the details change ☐

I wish to apply for a place at Lavender Farm Nursery ☐

I understand that this authorisation will remain valid unless I contact the manager to withdraw it ☐

I agree to fulfil nursery regulations and policies and any other conditions which may be stipulated at a later date ☐

I understand that 4 weeks' notice must be given in writing should I wish to withdraw my child from the nursery and that the nursery may give you 4 weeks' notice if they feel this is necessary ☐

Signature

Date

Please return this application to:  
Lavender Farm Nursery, Brookfields Road, Oldbury,  
West Midlands, B68 9QR

E: [Fern.Baker@lavenderfarmnursery.co.uk](mailto:Fern.Baker@lavenderfarmnursery.co.uk)  
W: [www.lavenderfarmnursery.co.uk](http://www.lavenderfarmnursery.co.uk)

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