

### **General information**

Name of child		Gender: Male / Female	
Date of birth		Child known as	
1. Name of parent		2. Name of parent	
Home address:		Work address:	
Home telephone:		Work telephone:	
Mobile number (parent 1):		Mobile number (parent 2):	
E-mail address:		E-mail address:	

### **Work Details:**

Job Title:		
Faculty:	School:	KU Number:
Extension No.		KU campus (based at):

### **Emergency contact details**

Please provide the names of two emergency contacts, should the parent(s) not be available (e.g. grandparents, godparents, close friends)

1. Name	2. Name
Home no.	Home no.
Work no.	Work no.
Mobile no.	Mobile no.
Relationship to child:	Relationship to child:

### **Information about your child:**

Sleep/rest requirements during the day
Toilet training e.g. nappy / potty
Other useful comments e.g. personal likes, dislikes, dietary needs, religion, culture

Please give details of any illness which may affect your child, e.g. asthma, allergies etc
--

Sessions required (please tick if known):

Mon		Tues		Wed		Thurs		Fri	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Required starting date:
-------------------------

This declaration must be signed by the University staff client responsible for the fees.	
Signature:	Date:
Name in capital letters:	

NB: You are responsible for informing the Nursery Manager if your client status changes e.g. from staff to student. Failure to do so may jeopardise your child's place at Nursery.

Please return this form to: Suzanne McDiarmid  
Nursery Manager  
KU Nursery  
3 Portland Road  
Kingston upon Thames  
Surrey KT1 2SG

## Kingston University Nursery

(Student Services & Administration)

### Staff Client

### Application form