

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:	

Student client (You must be a student of Kingston University to be eligible i.e. attending a course at the University or a University course at a linked College. Students enrolled on courses accredited by Kingston College are not eligible).

Are you currently enrolled as a student? Yes / No		
Faculty:	School:	Identity (KU) No.
Course title:		KU campus/site:

Emergency contact details

Please provide the names of two emergency contacts, should the parents 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
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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 student client enrolled at the University.	
Signature:	Date:
Name in capital letters:	

NB: You are responsible for informing the Nursery Manager if your client status changes e.g. from student to staff. 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)

Student Client

Application form