



LA PROVIDENCE - APPLICATION FORM



**THE
ADVENTURE
STARTS
HERE**

ATTENDANCE OPTIONS

Full Time

Monday to Friday 7.30am – 6.15pm
Includes breakfast, lunch, tea and snacks

Full Day

7.30am – 6.15pm
Includes breakfast, lunch, tea and snacks

Flexi Day *(limited availability)*

8.30am – 2.30pm
9.00am – 3.00pm
9.30am – 3.30pm
Includes lunch and snacks

Morning

7.30am – 1.00pm
Includes breakfast, lunch and snacks

Afternoon

1.00pm – 6.15pm
Includes tea and snacks

OPENING HOURS

The Nursery is open between 7.30am - 6.15pm

Monday to Friday 52 weeks a year,
excluding Bank holidays

TERMS AND CONDITIONS

The fee for your child is payable monthly in advance by standing order, cash or cheque payable to Organic Kids Ltd.

All parents will be given a Nursery Contract which contains the main terms and conditions.



PARENTS / LEGAL GUARDIANS DETAILS

Mother's (Guardian) Name

.....

Address.....

.....

..... Post Code

Telephone Contact

Home.....

Business.....

Emergency.....

Date of Birth.....

Occupation.....

Father's (Guardian) Name

.....

Address *(if different from Mother's)*

.....

..... Post Code

Telephone Contact

Home *(if different from Mother's)*.....

Business.....

Emergency.....

Date of Birth.....

Occupation.....

ANY ADDITIONAL INFORMATION

Joining instructions/contract and arrangements for collection of your child etc. will be dealt with before your child's starting date.

Signature of parents/guardians

.....

All information contained on this form will be treated as strictly confidential

APPLICATION SUBMISSION

Please detach this form and send with a cheque to;

Organic Kids Limited
'La Providence'
La Vallee de St Pierre
St Lawrence
Jersey
JE3 1PP

Please make cheques payable to 'Organic Kids Limited'



APPLICATION FORM LA PROVIDENCE



CHILD'S DETAILS

Surname.....

Forenames.....

Address.....

.....

..... Post Code

Email address for correspondence

Date of Birth.....

Age.....

Sex.....

Religion.....

Nationality.....

First Language.....

Medical & Dietary Needs

Does your child require regular medication?

Yes No

If Yes, what medication and for what condition?

.....

.....

If Yes, does it need to be administered by a doctor?

Yes No

Special Dietary Needs

Any Additional Needs.....

Vaccinations To Date

(Please tick)

- Polio MMR Diphtheria Hib Tetanus
 Measles Booster Whooping Cough

Allergies

.....

.....

Please refer to 'Parent Handbook' in relation to medical and dietary needs, additional needs and allergies.

Doctor's Details

Name

Surgery

Telephone No.....

Nursery Requirements

(Please Tick)

Full Time

Full Day Mon Tue Wed Thu Fri

Morning Mon Tue Wed Thu Fri

Afternoon Mon Tue Wed Thu Fri

Flexi Day Mon Tue Wed Thu Fri

Requested Starting Date.....

N.B. If agreed starting date is deferred for any reason, a charge will be made. Please see letter re: charges.