

# Cedar Nursery

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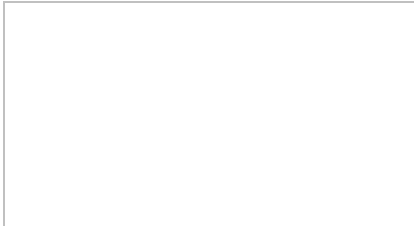


Cedar Drive, Lenzie. 0141 775 3967

<http://www.cedarnursery.net>

email : [yvonne.gordon@cedarnursery.net](mailto:yvonne.gordon@cedarnursery.net)

[twitter.com/cedarnursery](https://twitter.com/cedarnursery)



Dear

Thank you for your interest in our nursery. Cedar Nursery prides itself on its high quality nursery care and was created by people with a combined fifty years of educational experience. This level of educational expertise is quite simply unrivalled.

We currently have a small number of places available in the Nursery - should you decide to proceed, please complete the enclosed application form and return it as soon as possible.

We welcome and encourage all prospective customers to visit our premises - please feel free to telephone me on the above number to arrange a visit. Additionally you can view our most recent Care Commission Report on [www.carecommission.com](http://www.carecommission.com)

I look forward to hearing from you.

Application forms should be mailed to us at our Cedar Drive address, and I would also draw your attention to our recently revised fee structure as detailed in the enclosed leaflet.

Yours sincerely,

*Yvonne Gordon*, B.A.(Educ.St.), Dip Y.C.  
Director



## Section 1 - Child Details

Personal Details (Please Tick)		Boy	Girl
Surname		Forename:	
Address:		Home Telephone Number:	
Date of Birth			

## Section 2 - Parental & Related Details

First Contact	
Name	
Daytime Address (e.g. Work address)	
Daytime Telephone (e.g. work tel number)	
Mobile number	
Email Address (if available)	
Relationship to Child	

<b>Second Contact</b>	
Name	
Daytime Address (e.g. Work address)	
Daytime Telephone (e.g. work tel number)	
Mobile number	
Email Address (if available)	
Relationship to Child	
<b>Doctor</b>	
Name	
Address	
Telephone	

### **Section 3 - Additional Information**

<b>Health Requirements</b>	
Dietary: applicable/not applicable Please delete as appropriate	Medication: applicable/not applicable Please delete as appropriate
Miscellaneous (e.g. allergies, etc.)	

Note : Parents will be required to sign consent and contractual forms upon successful enrolment of their child.



## Child Placement Requirements

Child's Name	
Required Start Date	
Envisaged End Date (Leave Blank if Not Applicable)	

### Option 1 - Core Care

Monday	Tuesday	Wednesday	Thursday	Friday
AM (9:00 - 12:30)	AM (9:00 - 12:30)	AM (9:00 - 12:30)	AM (9:00 - 12:30)	AM (9:00 - 12:30)
PM (1:30 - 5:00)	PM (1:30 - 5:00)	PM (1:30 - 5:00)	PM (1:30 - 5:00)	PM (1:30 - 5:00)

### Option 2 - Working Parents

Monday	Tuesday	Wednesday	Thursday	Friday
8:00am - 6:00pm	8:00am - 6:00pm	8:00am - 6:00pm	8:00am - 6:00pm	8:00am - 6:00pm

### Option 3 - After School Care

Monday	Tuesday	Wednesday	Thursday	Friday
8:00am - 9:00am	8:00am - 9:00am	8:00am - 9:00am	8:00am - 9:00am	8:00am - 9:00am
3:00pm - 6:00pm	3:00pm - 6:00pm	3:00pm - 6:00pm	3:00pm - 6:00pm	3:00pm - 6:00pm

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## Consent Statement

### Outings

I give my consent for my child \_\_\_\_\_ to take part in outings during sessions within Cedar Nursery.

### Visits From Health/Educational Professionals

I give my consent for my child (named above) to be visited and/or observed by health/educational professionals to assist in his/her progress and development during sessions within Cedar Nursery.

### Emergency Medical Treatment

I give my consent for my child (named above) to receive medical treatment that may be deemed necessary by medical staff in the event of illness or accident.

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_