

Cedar Grove

DAY NURSERY

01 / REQUESTING A PLACE

Application form

The first step in joining Cedar Grove

CARE • LEARN • GROW

Request a nursery place

Complete this booklet first. An application does not guarantee a place or create a childcare agreement.

This booklet asks about your child, how to contact you and the sessions you would like. Once your place is confirmed and the applicable registration fee has been paid, complete **Registration** and **All About Me**. No registration fee is required as a condition of a funded-only entitlement place.

Your child

Child's full legal name

Date of birth (DD / MM / YYYY)

Preferred name (if different)

Sibling already attending Cedar Grove (name, if applicable)

Your application contact

Your full name

Relationship to child

Email address

Mobile telephone number

Alternative telephone number (optional)

These contact details will carry forward to Registration. Tell management if they change. Please do not include NI numbers, full medical records or emergency-contact details at application stage. The health pages give us an initial overview to help us plan care and support together.

Your preferred attendance

Tell us what you would like. We will confirm availability, sessions and fees in writing.

Child's name: _____ Reference: _____

Preferred start date

_____

Is your start date flexible? Please give details

_____

Requested weekly pattern

Write AM, PM or FULL DAY beside each day required. AM: 7:30am–1:00pm; PM: 1:00pm–6:30pm; full day: 7:30am–6:30pm.

Day	Requested session	Alternative / flexibility
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Other attendance pattern you would like to discuss

_____

_____

Planning your place

A brief overview helps us discuss availability. Formal funding information is collected at Registration.

Child's name: _____ Reference: _____

How you expect to pay

Will you be asking about funded childcare?

☐ Yes ☐ No ☐ Not sure yet

Funding you would like to discuss (tick any that apply)

☐ 15 hours ☐ 30 hours ☐ Other support ☐ Not sure

Other payment support you would like to discuss

☐ Tax-Free Childcare ☐ Universal Credit ☐ None

Do not enter funding eligibility codes or NI numbers here. Nursery management will explain the required information if you proceed.

A little about your child

Current nursery / childminder, if any

Usual home language(s)

Anything about the requested pattern or start date that you would like us to consider

Health overview

This information helps us plan safe, inclusive care and discuss any support or adjustments your child may need. Full records are collected at Registration.

Child's name: _____ Reference: _____

Does your child have any medical conditions or ongoing health needs?

☐ Yes ☐ No ☐ Being assessed

Please provide details, including the condition, symptoms and support needed

Does your child have any known allergies or intolerances?

☐ Yes ☐ No ☐ Under investigation

Please provide details, including triggers, reactions and current advice

Registration records the detailed health, allergy and dietary arrangements and supporting information needed before attendance. Tell management promptly about any changes.

Medication and healthcare plans

Tell us about arrangements that may need to be in place before your child starts.

Child's name: _____ Reference: _____

Does your child require regular, prescribed or emergency medication?

☐ Yes ☐ No ☐ Being considered

Medication name and purpose

When it is needed and any current instructions

Does your child have an existing healthcare plan?

☐ Yes ☐ No ☐ In progress

Healthcare plan or specific arrangements that may be required

Do not attach original medical documents to this Application. Management will discuss the relevant healthcare plan, risk assessment, medication and permissions with you and agree arrangements before attendance.

Additional needs and support

An early conversation helps us plan suitable support and an inclusive transition.

Child's name: _____ Reference: _____

Does your child have any additional needs, disabilities or require specialist support?

☐ Yes ☐ No ☐ Being assessed

Please explain your child's needs, current support and any helpful arrangements

Professionals or services involved, if any (name / role / organisation)

Anything that would help us make a visit, settling-in or nursery day accessible

You may discuss this information privately with management. Registration records the detailed support arrangements, professional contacts and plans needed before attendance.

Your visit and questions

Use this page to tell us what you would like to know before a place is offered.

Child's name: _____ Reference: _____

Have you visited Cedar Grove?

☐ Yes ☐ No ☐ Visit arranged

Visit date, if known

_____

Who did you meet? (optional)

_____

Questions about joining, availability or fees

Questions about care, health or additional support

Help you need for a visit or completing the application (optional)

Management will discuss this information with you so we can plan safe, inclusive care, reasonable adjustments and any additional support together.

Application declaration

Please check your requested attendance and contact details before returning this booklet.

Child's name: _____ Reference: _____

Parent / carer

- [ ] I confirm that the information in this application is accurate to the best of my knowledge.
- [ ] I understand that this is a request for a place. Sessions, fees and a start date must be confirmed in writing before a place is agreed.
- [ ] I will let the nursery know if my contact details or requirements change.

Name of applicant

Signature

Date (DD / MM / YYYY)

We use application information to respond to your enquiry and arrange a place. Please read our Privacy Notice at www.cedargrovenursery.org/privacy-policy/ or request a copy. Return this booklet in person or through an agreed secure method.

Nursery use only

Application reference

Received by / date

Visit / follow-up date

Outcome / offer date

Next action



Cedar Grove

DAY NURSERY

We’re here to help.

192–194 Lancaster Road

Enfield, EN2 0JH

020 8166 6395

enquiries@cedargrovenursery.org

www.cedargrovenursery.org

Monday to Friday | 7:30am–6:30pm

Please return completed booklets securely to management.