

# The Broomhill Nursery (Aberdeen) Ltd.



36 Fonthill Rd  
Aberdeen  
AB11 6UJ  
01224 588898

397 North Deeside Rd  
Cults, Aberdeen  
AB15 9SX  
01224 868606



## Application for enrolment at The Broomhill Nursery

Please complete using block capitals.

1. Full name of child: \_\_\_\_\_

Male/Female (delete as appropriate)      Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

2. Please indicate specific days required, including times of arrival and departure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Parents' daytime contact information:

3.1. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone numbers: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

3.2. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone numbers: \_\_\_\_\_  
\_\_\_\_\_

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Email address: \_\_\_\_\_

#### 4. Alternative daytime contact information (if applicable)

4.1. Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone numbers: \_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

#### 4.2. Child's doctor

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

#### 5. Child's health visitor

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

#### 6. Please provide details of any allergies or intolerances that your child has:

\_\_\_\_\_  
\_\_\_\_\_

#### 7. Please indicate any special dietary requirements that your child has (including requirements for medical or religious reasons):

\_\_\_\_\_  
\_\_\_\_\_

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8. Please provide details of any long term medication that your child requires:

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9. Please provide any additional information that you think we should be aware of:

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10. Child collection:

In order to ensure the safe collection of your child, please list the names of those persons permitted to collect your child from the nursery (it will be assumed that each person listed below can collect your child from the nursery without giving prior notice to the nursery):

Name	Relationship to child
_____	_____
_____	_____
_____	_____

**I wish to apply for admission of the above named child to The Broomhill Nursery at:**

**Fonthill Road/North Deeside Road (delete as appropriate).**

**I would like my child to start nursery on the following date:** \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Legal Guardian)

Date: \_\_\_\_\_

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When completed, please send this form to the nursery which you have applied for enrolment at. The addresses are as follows:

## The Broomhill Nursery @ Cults

397 North Deeside Road  
Cults  
AB15 9SX

## The Broomhill Nursery @ Fonthill

36 Fonthill Road  
Aberdeen  
AB15 6UJ