
THE DAY NURSERIES (FORMS) RULES 1964 FORM 2 (RULE 2) FOR THE APPLICATION FOR REGISTRATION OF A DAY NURSERY UNDER SECTION 6(1) OF THE DAY NURSERIES ACT, CAP 541 SECTION 6

To:..... Local Authority Ref No.....
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THE DAY NURSERIES ACT CAP 541

As I propose to receive (am receiving) into my care and control at the under mentioned premise, children to be looked after for reward for the period exceeding two consecutive hours in any one day. I make an application for registration as a day nursery under the provisions of the Day Nurseries Act.

A fee of K..... accompanies this application

Date.....(applicant or person in charge)

NAME AND LOCATION OF PREMISES TO BE REGISTERED AS A DAY NURSERY

Name of Nursery (if any).....

Plot Number..... Road..... District.....

Box Number..... Telephone Number.....

Applicants address, if different from above.....

1. Full Name of Applicant.....
2. Age of Applicant..... Period of residence in Zambia...
3. Period of Residence in the Local Authority in which Nursery is situated.
4. Full name of Applicant's Spouse.....
5. Occupation of Spouse.....
6. Full names of Applicant's children, if any and their ages.....
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 7. Details of other Occupants of the premises.....
 8. Brief details of any special qualifications held by the Applicant.....

 9. Brief details of Applicant’s experience in the field of Child care

 10 State number of children for which proposed nursery is to cater for:
 a) for continuous period exceeding five hours in any one day.....
 b) for continuous periods in any day.....
 11 State age group of children to be catered for:
 a) Number of babies (under one year).....
 b) Number of Toddlers (under three years).....
 c) Number of children over three years and under seven.....
 12 During what period in any one day will the proposed Nursery be open

 13 Full details of staff to be employed in running Nursery

 14 What arrangements are proposed for regular medical examination of staff?

 15 State:
 (a) Number and approximate size of rooms to be used by children
 (b) Which of these rooms are in use for other purposes.....
 16 Will separate rooms be used for distinctive activities such as eating, playing, etc?

 17 Description of Toilet facilities for children.....
 a) Washing.....

- b) Water closet.....
- 18 Description of feeding arrangements and types of meals proposed
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- 19 Description of special facilities available for handling babies:
 - a) Laundry.....
 - b) Resting.....
 - c) Feeding.....
- 20 State whether a register will be maintained, including history of infectious diseases.....
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- 21 State whether Nursery will insist on all children being vaccinated against smallpox and inoculated against polio, diphtheria and whooping cough.....
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- 22 Description of Nursery furniture and fittings provided or to be provided.....
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- 23 Description of play amenities;
 - a) Indoors.....
 - b) Outdoors.....
- 24 State fees to be charged for proposed day Nursery for:

Mornings only..... Whole day.....
- 25 What Insurance cover do you have or intend to undertake regarding accidents.....
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- 26. Any additional information.....
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SIGNATURE

(APPLICANT OR PERSON IN CHARGE)