

The Day Nursery Enrolment Form

For Office Use Only:

FAMILY system: YES/NO
Finger print: YES/NO
Deposit Amount: £
Date Deposit Paid:
Deposit Recorded on FAMILY: YES/NO
Birth Certificate No:
Checked By:
Date Checked:

Child's Details

Surname:.....
First Name:.....
Date Of Birth:.....
Religion:.....
Ethnic Origin:.....
Gender:.....
First Language that is or will be spoken at home?.....
Any other language(s) spoken:.....
Home Address:.....
.....
Telephone(s):.....

Mother: Surname..... First Name.....
Work Name & Address
.....
Telephone..... Ext..... National Insurance No.....
Mobile Number.....
E/Mail Address:.....

Father: Surname..... First Name.....
Work Name & Address
.....
Telephone..... Ext..... National Insurance No.....
Mobile Number.....
E/Mail Address:.....

Third Contact:
Name.....
Address.....
.....
Mobile Number.....

Doctor:
Name..... Telephone.....
Address.....

Health Visitor:
Name.....
Telephone.....

If your child attends another setting:

If your child attends another nursery/child minder/pre-school please can you let us know, as the new curriculum states that the settings need to communicate in regards to your child's development.

Name & Address of Other Setting:.....
.....

Does your child still attend the other setting? Yes/No
Do you give permission for us to share information with them? Yes/No
Expected Leave Date:.....
Are you claiming Working Family Tax Credit: Yes/No
Does your child have any support from any other professionals: Yes/No

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If Yes please give details:

Is your child in receipt of Disability Living Allowance (DLA) Yes/No

Dietary Needs:.....

Health Allergies:.....

Medical Conditions:.....

Parental Responsibility:

Please list below the names of the person(s) that have parental responsibility for the child named on Page 1 of this Enrolment Form.

<u>Person Who Has Parental Responsibility</u>	<u>Relationship To Child</u>
1.	
2.	

Child Collection Secret Password:

To make sure that no one else can collect your child please devise a secret password. Please make sure that this password is only divulged to those who you wish to collect your child in your absence.

Password:			
<u>Authorised Persons Who Can Collect Your Child</u>	<u>Relationship To Child</u>	<u>Contact Telephone Number</u>	
3.			
4.			
5.			
6.			

Please Indicate Nursery Sessions Required:

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoons					
All Day					
Nursery starting date:					

How Did You Find Out About Us?

Passing By	
Internet Search <small>(Please state)</small>	
Facebook	
Telephone Book <small>(Please state)</small>	
Recommendation <small>(Please state name)</small>	
Other <small>(Please state)</small>	

Invoice Calculation

Fees for children are averaged. This is calculated as follows:

51 weeks will be split over the 12 months and your invoice will be the same amount every month.

2, 3 & 4 Year Old Funding: The funding hours paid to us do not include the cost for meals, therefore if you are only accessing the funding hours only and you choose the option of nursery providing the food for your child, you will be invoiced for the meals: **(Please note that the invoice for the cost of the meals are payable even if your child is absent/off sick or on holiday)**

For every morning session = £3.50

For every afternoon session = £2.50

Funded Sessions are as follows:

11 hours per week over 51 weeks

2 x 5.5 hour sessions over 2 days only

7.30am – 1:00pm OR 1:00pm – 6:30pm

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30 Hours Funding Code:	
Are you splitting your funding with a second setting?	Yes / No
Second setting name	

Immunisation History:

Please delete where appropriate to indicate your child's immunisation history to date:

Polio	Yes/No	MMR	Yes/No
Tetanus	Yes/No	HIB	Yes/No
Whooping Cough	Yes/No	BCG	Yes/No
Meningitis C	Yes/No	Diphtheria	Yes/No

Parental Consent:

In order to undertake certain activities, we must have the consent of the parent/guardian. Therefore, could you please review the list below and delete where appropriate to indicate your preference:

In the event of your child requiring Calpol (or equivalent), and we shall always endeavour to contact you before we administer it, do you give The Day Nursery permission to give Calpol (or equivalent) to your child?	Yes/No
If, for some reason, it is not possible to get in touch with you do you give The Day Nursery permission to give Calpol (or equivalent) to your child?	Yes/No
I agree to my child being taken on outings accompanied by nursery staff?	Yes/No
I agree to my child being seen by a doctor in an emergency?	Yes/No
I agree to my child having their picture taken in the nursery?	Yes/No
I agree for my child to have "shop bought" birthday cake	Yes/No
We may have charity events or fun days where we invite the local press. Are you happy for your child to be in the local paper and for their name to be printed?	Yes/No

I give consent for nursery staff to do observations on my child to go in my child's learning journey. Yes/No

I give consent for nursery staff to take photographs of my child to record Observations and activities for my child's learning journey. Yes/No

I give consent for The Day Nursery and The Local Authority to check eligibility for all Government Funding Yes/No

I acknowledge that from time to time my child may appear in the background Of photographs taken, to go in other children's learning journeys.

I give consent for my child to appear in the background of other children's photographs. If for any reason you do not agree with this, please can you confirm this in writing to the nursery manager and will respect your wishes. Yes/No

I will provide suitable sun protection cream for my child when in attendance at the nursery and I give permission for my child to be applied with sun protection cream. (Please note the sun cream needs to be labelled with your child's name and kept at nursery) Yes/No

Please sign below to confirm that you agree to these terms.

Signed _____

Print Name _____

Date _____