

For Office Use Only:FAMILY system: **YES/NO**

Date Deposit Paid:

Birth Certificate No:

Finger print: **YES/NO**Deposit Recorded on FAMILY: **YES/NO**

Date Checked:

Checked By:

The Day Nursery Enrolment Form

Childs Details			
First Name			
Surname			
Date Of Birth		Gender	Male / Female
Home Address			
Telephone Number			

Parent 1 Details	
First Name	Surname
Work Name & Address	
Telephone	Ext
National Insurance No	
Mobile Number	
Email Address	
Do you have parental responsibility for this child?	
Yes/No	
If no, do you have legal contact?	
Yes/No	

Parent 2 Details	
First Name	Surname
Work Name & Address	
Telephone	Ext
National Insurance No	
Mobile Number	
Email Address	
Do you have parental responsibility for this child?	
Yes/No	
If no, do you have legal contact?	
Yes/No	

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Emergency Contact	
Please provide details of someone who we can contact in case of an emergency	
Name	
Relationship	
Address	
Mobile Number	

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:		
Authorised Persons Who Can Collect Your Child	Relationship to Child	Contact Telephone Number
1.		
2.		
3.		
4.		

Health Information			
Name of GP		Telephone	
Surgery			
Address			
Does your child suffer from any of the following (please tick those which apply)			
Asthma		Epilepsy	
Heart Condition		Kidney/Bladder problems	
Diabetes		Bee Sting Allergy	
Sight Impairment		Deafness	
Wears Glasses		Other	
If you have ticked any of the boxes above please give details here:			

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Does your child require medication, either long term for existing conditions or lifesaving drugs such as Ventolin? *(Please give details of the medication and dosage)*

Does your child have any special dietary needs or preferences? **Yes/No** *(Please delete as applicable)*

If yes please give details below

Does your child have known allergies? **Yes/No** *(Please delete as applicable)*

If yes please give details below

Does your child have any distinguishing marks on their body? (For example a birthmark on right forearm) **Yes/No** *(Please delete as applicable)*

If yes please give details below

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

The following information is voluntary and you do not have to complete it. However, we have a legitimate interest in requesting this data as it will assist in providing the necessary care for your child and to allow us to monitor and assess their development.

Health Visitor

Name Telephone number

Based at

Has your child had their two year old progress check? **Yes/No** *(Please delete as applicable)*

If so, on what date was this completed?

Are you able to share this information with the setting? **Yes/No** *(Please delete as applicable)*

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The following section requires information classed as 'sensitive personal data' for which we need your consent to collect and process. We request this data as, in some cases we have a contractual obligation to do so with our Local Authority, but also as we have a legitimate interest to allow us to plan and meet your child's needs.

Ethnicity and Cultural background	
How would you describe your child's ethnicity/cultural background?	
What is the main religion of your family?	
Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while s/he is in our setting?	
What is the main language spoken at home?	
If English is an additional language, will this be your child's first experience of being in an English-speaking environment? Yes/No (Please delete as applicable)	
Special Educational Needs and Disabilities	
Does your child have any special needs or disabilities? <i>(Please delete as applicable)</i> Yes/No (Please delete as applicable)	
If yes please give details below	
What (if any) special support will your child require in our setting?	
Is your child in receipt of Disability Living Allowance for any existing conditions? Yes/No (Please delete as applicable)	
If yes please give details below	
Professionals involved with the child	
Name	Name
Agency	Agency
Role	Role
Telephone no	Telephone no

Second Setting information

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 Second Setting	
Does your child still attend	Yes/No
Do you give permission for us to share information with them	Yes/No
Expected leave date of Second Setting	

The Day Nursery Enrolment Form

Please Indicate Nursery Sessions Required:

Did You Find Out About Us?

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

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>	

Funded Places

If you are in receipt of 2 year old funding please bring in your confirmation letter so we can complete this check, without the letter we will not be able to claim the funding.

2 Year Old Funding Code	
Funding Date	
Letter checked by Management	Sign Date

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

Permissions and Consent

The following section contains information for which we need your consent. As required by data protection we have a duty to inform you that you can withdraw your consent for any of the permissions detailed below at any time. Should you wish to withdraw consent please discuss this with a member of staff in the first instance.

Medical & Care	
I consent to my child being given suitable medication in a medical emergency such as Paracetamol or Allergy Relief if they are unable to contact me via telephone	Yes/No
I consent to my child being seen by a doctor in the event of an emergency	Yes/No
Do you give consent for hospital staff to provide treatment to your child where they feel without the treatment your child's health may be at risk, if you are delayed getting to the hospital? Signed: Date:	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 by a nursery practitioner. <small>(Please note the sun cream needs to be labelled with your child's name and kept at nursery)</small>	Yes/No
I give consent to my child having Nappy Cream applied when provided	Yes/No
Photographs and observations	
I consent to my child having their picture taken in the nursery?	Yes/No
I give consent for nursery staff to do observations on my child, which will be used in my child's learning journey on Family.	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 on Family.	Yes/No
I acknowledge and consent that my child may appear in the background of photographs taken, to go in other children's learning journeys on Family	Yes/No

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I consent to my child having their photograph taken to be used for publicity purposes – website, flyers.	Yes/No
I consent to my child having their photograph taken for use in displays, for name pegs, etc within the setting.	Yes/No
I consent to my child's photograph being used on the settings social media sites, Facebook & twitter (Children will not be named)	Yes/No
We may have press photographers in the nursery to take photographs for publications, do you consent to pictures being published in newspapers and magazines	Yes/No
I consent to the video, as mentioned above, to be shared with other professionals visiting the group such as Early Years Advisors, SENCO, Health Visitor etc if necessary.	Yes/No
Other items	
I agree for my child to have "shop bought" birthday cake.	Yes/No
I give consent for The Day Nursery and The Local Authority to check eligibility for all Government Funding.	Yes/No
Do you give permission for your child's name to be shared on Christmas card lists and Birthday party lists?	Yes/No
We have small animals for your child to handle. Do you give permission for this?	Yes/No
May we share information with other settings which your child attends, including school transitions? Where possible we will speak to parents about the information being shared first.	Yes/No
I consent to my child participating in off-site outings as part of daily practice e.g. trips to the park, shops, museum etc	Yes/No

We are GDPR (General Data Protection Regulation) compliant. We will only use your (including your child's) personal information to provide a childcare service to you. We keep your information so you can receive important updates about your child/ our nursery via all forms of communication. We will keep your information secure and will never share it except if required to do so by law or on the request of our Local Authority and/ or Health Trust and only where they have legitimate reasons for gathering the data.

By ticking this box, you are consenting to us to hold and process your data and sending you information.

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

Signed _____

Print Name _____ Date _____