The Day Nursery Enrolment Form

Child's De			Deposit Amount: £
			Date Deposit Paid: Deposit Recorded on INM: YES/NO
	ə:		Birth Certificate No:
	irth:		Checked By:
•			Date Checked:
	gin:		
Gender:			
Home Lar	nguage:		
Home Ad			
Telephone	e(s):	• • • • • • • • • • • • • • • • • • • •	
	dress:		
Mother:	Surname	First Nar	ne
<u>MOITICI.</u>			
	Telephone	Ext	
	Mobile Number		
Eathar	Surp and a	First No	ann o
<u>Father:</u>	Surname Work Name & Address		
	Telephone		
	Mobile Number		
Third Con	tact:		
	<u></u>		
7 (ddi 033			
Mobile Nu	Jmber		
Doctor:			
		Telephone	
		•	
<u>Health Vis</u>	itor:		
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relepriori	5	• • • • • • • • • • • • • • • • • • • •	•••••
	attends another setting:		
	attends another nursery/child minder/ states that the settings need to commu		
	ther Setting:	-	
	•		
•	aiming Working Family Tax Credit:		Voc/No
•	child have any support from any of ase give details:	nei professionals:	I G2/140
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For Office Use Only: INM system: YES/NO

Schoolcomms: YES/NO Biometric: YES/NO

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Dietary Needs: Health Allergies:			
Legal "PARENTAL RIGHT" Of fath	er:		
 Were parents married at 	Yes/No		
 If NO to the above question, has the mother legally requested Father to have parental right: Yes/No (If NO the Mother of child needs to give COLLECTION permission below) 			
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	<u>Relationship</u> <u>To Child</u>	<u>Contact Telephone</u> <u>Number</u>	
1.			
2.			
3.			
4.			

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 (Please state)	
Facebook	
Telephone Book (Please state)	
Recommendation (Please state name)	
Other (Please state)	

Term Time Only: YES/NO

We can offer term time only places, but please note that these are as per our term dates, which are clearly displayed throughout nursery and are on the monthly newsletters. There are no reductions of fees, if these dates vary to your establishment.

Invoice Calculation

Fees for children who are not just accessing term time only will be 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 15 hours funding paid to us does not include the cost for meals, therefore if you are only accessing the 15 hours per week term time 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 = £2.50

For every afternoon session = £1.50

All day = £4.00

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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	Yes / No
in my child's learning journey.	

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

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 Yes / No 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.

I will provide suitable sun protection cream for my child when in attendance Yes / No at the nursery and I give permission for my child to be applied with sun protection cream.

. IPlease note the sun cream needs to be labelled with your child's name and

kept at nursery).	viiri yoor criiia s riarrie ar
Please sign below to confirm that you agree to	these terms.
Signed	
Print Name	Date
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