



Enrolment form

Please ensure that you give as much detail about your child as possible, if you would prefer to fill in the form in discussion with us, then please ask – it won't be a problem!

Sections in purple are part of our setting's contract, we require you to complete these parts.

Child's full name	Child's date of birth
Child's known name (if different to above)	
Is your child's home language English? YES / NO If not, what is their home language?	
Family address (including postcode)	
Name of Parents / Carers with whom the child normally lives; Do all the above have parental responsibility for the child? YES / NO If no, please advise who does not have parental responsibility; Contact numbers <u>during sessions</u> (e.g. work, home, mobile); We send out our invoices by email, what is your email address? Are you happy for us to also send you letters and newsletters by email? YES / NO	
Any other adults with parental responsibility / rights with whom the child does not live? YES / NO Name: Email address:	

Telephone number;

Relationship to child?

Emergency Contacts

Please provide details of two people who can collect and have your authority to act in an emergency for your child.

Emergency Contact 1

Name:

Contact number(s):

Relationship to child:

"I am happy for Jack and Jill Preschool to contact me in the event of an emergency

concerning _____ Signed:

Emergency Contact 2

Name:

Contact number(s);

Relationship to child:

"I am happy for Little Nick Nursery and Preschool to contact me in the event of an emergency

concerning _____ Signed:

****Please ensure** that you tell any additional adults that you have given us their contact details so that we can contact them if we are unable to speak to you if your child is unwell, has an accident or is uncollected at the end of the session. If they have any questions or queries regarding this, please request they contact us on 07576 043123. Thank you. ******

Please provide a password for collection of the child by an adult unfamiliar to Preschool staff:

****Please ensure** anyone unfamiliar who will be collecting your child is aware of the password, as

preschool staff will not let the child leave the premises without it **

Please be aware that if no-one can be contacted, in an emergency the setting Manager will allow other trained professionals to make decisions in the best interest of your child (e.g. medical staff)

Medical Information

Child's doctor:

Surgery name, address and telephone number:

Child's Health visitor:

Telephone number:

My child has had the following immunisations, please tick all those that are relevant

Diphtheria	HIB	Measles (separate vaccine)	Mumps (separate vaccine)
Rubella (separate vaccine)	Meningitis C	MMR	Polio
Tetanus	Whooping Cough (Pertussis)	Other (please specify)	Other (please specify)

My child has had the following childhood illnesses / diseases, please tick all those that are relevant

Chicken Pox	Measles	Mumps	Hand, foot and mouth
Impetigo	Other (please specify)	Other (please specify)	Other (please specify)

Has your child any medical condition we should be aware of? (Asthma, eczema etc.) YES / NO

Details:

Do nursery staff need any special training to be able to accommodate your child's medical needs?

YES / NO

Details:

Has your child any allergies or food intolerances?

YES / NO

Details:

If yes, how does your child react to these? (So that we know the symptoms to look for in cases of

emergency)

Dietary PREFERENCES please tick all those that are relevant

My child is a vegetarian	My child is a vegan	My child does not eat pork	My child eats fish but not meat
--------------------------	---------------------	----------------------------	---------------------------------

Is there any other dietary information that we need to know? YES / NO

Details:

Does your child have any other diagnosed special needs and / or requires any additional support?

YES / NO

Details (please continue on a separate page is necessary:

Are there any other professionals involved with your child? E.g. speech therapy or pediatrician?

YES / NO

Details:

Name:

Contact details:

Will your child be attending any other childcare setting as well as Little Nick Nursery and Preschool e.g. another setting, a child minder or a Nanny? YES / NO

Details:

Name of setting:

Contact details

Name of Key person:

Has your child previously attended a childcare setting? YES / NO

Details:

Name of setting:

Funded Hours

Are you going to be applying for and using any government funded hours with Little Nick Nursery and Preschool; YES / NO

If yes, please provide the following in support of the application process;

- A copy of your child's birth certificate or passport to confirm their age

If you have confirmed your eligibility for the [30 hour funding](#), please provide your confirmation code below to enable us to apply for the funding on your behalf (leave blank if not applicable)

Permissions

I am happy that photographs of my child in support of their learning and development will be used in their learning journals YES / NO

I am happy that there may be photographs of my child which are seen by staff associated with Little Nick Nursery and Preschool in the context of celebrating the setting or tracking learning and development YES / NO

I give consent for photographs to be taken of my child for display and / or record keeping purposes? (Photographs will be kept in preschool or sent home with your child) YES / NO

I give consent for my child's first name to be used for displays, coat pegs, and / or record keeping purposes? YES / NO

I give consent for photographs to be taken of my child for the closed Facebook page YES / NO

I give consent for staff and other agencies such as Area SENCo and Health Visitors to carry out and

record observations of my child, for the purpose of developmental assessment:

YES / NO

I give permission for my child to be taken off site for short walks or to the park as part of preschool activities.

YES / NO

I give permission for setting staff to apply sun cream to my child

YES / NO

I give permission for setting staff to apply nappy cream

YES / NO

I give permission for setting staff to put a hypoallergenic plaster onto a minor wound if necessary to keep a wound clean

YES / NO

I give permission for the preschool staff to act in the best interests of my child in the event of a medical emergency:

YES / NO

I give permission for the preschool staff to change my child's nappy and or clothes in the event of a toilet accident or because of a messy activity

YES / NO

Enrolment statement

I wish to enroll my child _____ at Little Nick Nursery and

Preschool, starting from _____.

By enrolling my child at Little Nick Nursery and Preschool I understand the following;

- That Little Nick Nursery and Preschool track children's learning and development in adherence with OFSTED requirements, and that the folders containing observations (but no personal data) may be taken home by staff to complete.
- That staff will share EYFS profile data with the local authority.
- That staff will raise safeguarding concerns with the Local Safeguarding Children Board. I understand that staff might decide to do this without my knowledge if they were sufficiently concerned about my child.
- That Jack and Jill Preschool has a legal obligation;
 - to ensure the child's personal data is held securely, and any breaches of data protection are immediately notified to authorities and dealt with accordingly.
 - to ensure any personal data relating to the child is only shared with the relevant bodies to ensure the safe wellbeing of the child
 - to ensure your or your child's data is never shared, sold or misused in any way



- make available to you (on request) the personal data held by, used and shared with authorities

By signing this agreement, you are confirming that you have permission to provide personal identifying information regarding a third party (e.g. emergency contact) to the setting to ensure the safe wellbeing of your child, and that all information provided in this form will be held by us in accordance with our data protection, data usage and data retention policies. A copy of which can be provided on request.

Signed:

Date:

Name of parent enrolling child:

Child's name: