ADMISSION FORM

Childs name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other names used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents/carers details

|  |
| --- |
| Name |
| Relationship to child |
| Address if different from child |
|  |
|  |
| Contact Number |
| Work Address |
|  |
|  |
| Work Number |
| Mobile |
| Email:  |

Parent/Carers details

|  |
| --- |
| Name |
| Relationship to child |
| Address if different from child |
|  |
|  |
| Contact Number |
| Work Address |
|  |
|  |
| Work Number |
| Mobile |
| Email:  |

In cases of emergency please give the names of two people who we can contact should we not be able to reach you:

|  |
| --- |
| Name |
| Address |
|  |
| Number |

|  |
| --- |
| Name |
| Address |
| Number |

|  |
| --- |
| Name of Childs G.P |
| Address |
| Number |

|  |
| --- |
| Health Visitor |
| Contact Number |
|  |
| IMMUNISATIONS DATE |
|  |
|  |
|  |

Please list Dietary Requirements your child may have

Please provide us with a list of any known allergies your child may have

Do you speak to your child in another language, please give us details and key words they understand

If your child was not born in the UK, please give us details of where they were born, how long they lived there etc

What ethnic origin is your child

What religions is your child

Any other information you may wish to tell us about:

I.e special needs, fears, comforter, special words

CONSENT

Outings: please note separate consent form will be issued for large outings

Outings

|  |
| --- |
| The Enchanted Castle may organise outings for the children attending and would ask you to sign this consent form if you would like your child to attend such outings. I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_would/would not like my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend outings organised by the Enchanted CastleSigned: Date: |

First Aid

|  |
| --- |
| The Enchanted Castle may at some point need to administer first aid to your child; this will only be a qualified first aiderI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Would/would not like my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be given first aid Treatment within The Enchanted CastleSigned: Date:  |

Emergency medical Treatment

|  |
| --- |
| In cases of more serious accidents the Enchanted Castle Staff may need to take your child to hospital for emergency medical treatment. Every effort will be made to contact you before doing so,I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_would/would not like my Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be taken to hospital for  emergency medical treatment signed: Date: |

Administration of Medication (please see medication policy)

|  |
| --- |
| We are aware that some children may require long term prescribed medication, which we will only administer with the appropriate training from yourself or a health professional, we require you to always give written permission before we will administer any form of medication.I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have read the medication policy and agree to sign the relevant forms before instructing staff to issue any medication to my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_signed: Date: |

**Child Profile**

Please fill in with as much detail as possible about your child as this helps us to know their likes and dislikes to help them settle in well:

|  |  |
| --- | --- |
| Preferred name |  |
| Nursery pattern |  |
| Sleep pattern (inc max time allowed) |  |
| Does your child sleep in a set way? |  |
| Does your child usually have a comforter? (dummy, blanket etc) |  |
| How does your child communicate when they are hungry, want to go to the toilet, tired etc? |  |
| What food does your child enjoy? |  |
| What food does your child dislike? |  |
| What are your child’s eating habits (prefers breakfast, eats slowly etc) |  |
| Does your child have any allergies? |  |
| Does your child have any medical conditions that require special arrangements  |  |
| Do you have any specific concerns about your child’s behaviour |  |
| Do you have any specific concerns about your child participating in group activities  |  |
| Do you have any other children please state their names and ages |  |
| Does your child have a favourite toy |  |
| Do you have any pets at home |  |
| How do you discipline your child |  |
| What is your work/college routine |  |
| Is anyone else likely to pick up your child |  |

**Parent Contract**

Here at The Enchanted Castle day Nursery we aim to strive in building a close working partnership with parent/carers, in doing so we wish to ensure that all parents/carers and the management are aware of their responsibility as users and provider of this service. Therefore we request you read and sign this document ensuring you are clearly aware of any documents this contact may draw reference to. The nursery Manager will also sign this document on behalf of the proprietor once she/he is aware that you are in total agreement of this document.

1. Parents/carers and the Enchanted Castle will ensure all policies and procedures are adhere to at all times.
2. Children will not be enrolled in to the nursery unless a Full calendar months deposit is paid by the parents/carers, which will be refundable.
3. Parents/carers must ensure childcare fees are paid on time your agreed, dates for payments are

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Your days and times of attendance are as follows:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mona.m | Monp.m | Tuesa.m | Tuesp.m | Weda.m | Wedp.m | Thursa.m | Thursp.m | Fria.m | Frip.m |
|  |  |  |  |  |  |  |  |  |  |

1. The Centre Manager must ensure that the parents/carers are aware that late payment of fees will result in a written correspondence informing you of this.
2. Payments that are 2 weeks late will result in your child losing their placement and deposits been withheld to accommodate the late payment.
3. At the end of your Childs placement at the month will be credited to your deposit unless you are in arrears.
4. Parents/carers give a minimum of 4 weeks written notice of your child leaving the nursery so deposits can be credited to you.
5. I confirm that if my child is in receipt of the 15 hours entitlement I am only claiming this from this one setting and I am aware that if I claim from multiple settings this is fraud and will result in my child losing their place without notice.
6. Parents/carers and the staff at the Enchanted Castle will work in partnership to ensure that the needs of the child are paramount.
7. Parents/carers must ensure they read all policies and procedures and discuss any issues they do not understand before enrolling their child in to the nursery.
8. The Centre manager must ensure the parent is fully aware of all policies and procedures of the nursery.
9. Parents must be aware that it is their responsibility to provide under 1 year olds with milk and food and all children with nappies, wipes and at least 2 sets of spare clothes at all times
10. The centre Manager must ensure the parent/carer is given a copy of the complaints and safeguarding procedures.

I (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/carer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agree to the above terms and agree to abide by this contract

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Centre Manager acting on behalf of the Enchanted Castle Children Centre abide by the above rules

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_