

**ENROLMENT FORM**

You are required to complete this form if you require a place for your child. Please submit this form, ensuring you have read/signed the Terms & Conditions Agreement. Please note that this does not guarantee a place for your child, and if the days you request are not available, you will be placed on our waiting list.

|  |  |
| --- | --- |
| **Child’s Details** | |
| First Name: | Last Name: |
| Date of Birth: | Nationality / Religion: |
| What language is spoken at home?  (If the child does not yet speak, please state the parent's spoken language) | If more than one language, please detail all: |
| Address: | Sessions / Start Date Required |
| **Parent / Carer Details** | |
| First Name: | Last Name: |
| Occupation: | Organisation Name: |
| Address (if different from the child) | Business address: |
| Personal Contact Details    Landline:  Mobile:  Email: | Business Contact Details    Landline:  Mobile:  Email: |
| **Parent / Carer Details (2)** | |
| First Name: | Last Name: |
| Occupation: | Organisation Name: |
| Address (if different from the child) | Business address: |
| Personal Contact Details    Landline:  Mobile:  Email: | Business Contact Details    Landline:  Mobile:  Email: |
| **Emergency Contact**  Details of two alternative people whom we can contact in an emergency, should we be unable to contact parents/carers. | |
| Full Name (1): | Full Name (2): |
| Contact details  Landline:  Mobile:  Email: | Contact details  Landline:  Mobile:  Email: |
| Relationship: | Relationship: |
| **Nominated Persons Who May Collect Your Child (ren)**  Please provide details of people whom you give your consent, collect your child (ren) other than yourselves, along with a password that they are to use. On the days when you will not be collecting your child (ren), you must provide the nursery staff with the name of one of the following people who you have permitted to do so. | |
| Full Name (1): | Full Name (2): |
| Contact details  Landline:  Mobile:  Email: | Contact details  Landline:  Mobile:  Email: |
| Relationship: | Relationship: |
| Allocated Password: | Allocated Password: |
| **Specific Dietary Needs / Food or Drink Allergies** | |
| Are there any foods/drinks that your child may not have for the following reasons, i.e., religious, allergy, medical, or other, e.g., vegetarian, non-dairy, diabetic, etc? | If Yes – Please Specify |
| If your child has any allergies / special dietary requirements, please request a form from the nursery to complete. This will remain alongside your child’s individual care routine. Thank you | |
| **Medical / Illnesses** | |
| Any serious illness/condition? (Inhaler, etc) | If yes, please specify symptoms, medication/treatment required: |
| Any skin allergies/conditions? i.e., eczema | If yes, please specify symptoms, medication/treatment required: |
| Any other known Allergies – including Medicinal | If yes, please specify. |
| Please note that you will be required to complete further forms if your child has any medical / illnesses. The forms will be kept alongside your child’s personal plan, so that staff are fully aware of any medical/special requirements that your child has whilst at nursery. | |

|  |  |
| --- | --- |
| **External Agencies** | |
| Any additional support needs/disabilities? i.e., speech & language therapy, occupational therapy, or other | If yes, please specify: |

|  |  |
| --- | --- |
| **Immunisations** | |
| Is your child up to date with these? | Please provide details of those received: |
| Has your child had any childhood infectious diseases, e.g., chicken pox | If yes, please specify: |

|  |  |
| --- | --- |
| **External Contacts** | |
| GP Practice:  GP Name: | Telephone Number: |
| Health Visitor Name: | Telephone Number: |
| Dentist Practice:  Dentist Name: | Telephone Number: |

|  |  |
| --- | --- |
| **Consents** | |
| The following consents given by you, the parent/carer, remain valid until your child’s attendance with Little Dreams Nursery has been terminated in writing or you have otherwise indicated by written amendment, which must be dated and signed.  \*Please read each section and delete it as appropriate. Your signature is also required against each consent statement to confirm that this is your wish. | |
| **Emergency Medical Attention** | |
| In the event of an emergency and my child requires urgent medical treatment through illness or an accident, and should I not be contactable, **I hereby give/do not give (delete as appropriate)** permission for my child to receive emergency medical assistance of any kind, including operative treatment and/or administration of anaesthetic in my absence. Once emergency procedures are followed, I should then be contacted | Please sign / date: |
| I understand that this may include my child being transported to the hospital by car/ambulance with a senior member of staff, and that attempts will continue to be made to contact parents/carers | Please sign / date: |
| **I hereby give/do not give (delete as appropriate)** permission for nursery staff to discuss my child’s medical history with medical staff if required | Please sign / date: |
| **Outings** | |
| **I hereby give/do not give (delete as appropriate)** permission for my child to participate in short / nature walks around the local area supervised by staff: | Please sign / date: |
| **I hereby give/do not give (delete as appropriate)** permission for my child to travel on public transport with a member of staff to a planned outing: | Please sign / date: |
| **Sun Protection Cream** | |
| **All children MUST** have sun protection cream applied, which parents must supply each year. This must be a new, unopened bottle. | Please sign / date: |
| **I hereby give/do not give (delete as appropriate)** permission for my child to have sun cream applied by nursery staff: (If parents have not supplied sun cream, then an anti-allergy factor 50 will be applied) | Please sign / date: |
| **Face Painting** | |
| **I hereby give/do not give (delete as appropriate)** permission for my child to have their face painted as part of experiences on fun/celebration days: | Please sign / date: |
| **Photos / Artwork** | |
| **I hereby give/do not give (delete as appropriate)** permission for my child’s photograph to be used/displayed within the nursery. | Please sign / date: |
| **I hereby give/do not give (delete as appropriate)** permission for my child’s artwork to be used/displayed within the nursery | Please sign / date: |
| **I hereby give/do not give (delete as appropriate)** permission for my child’s photograph to be used/displayed for promotional material belonging to Little Dreams Nursery, i.e., website, nursery newsletters, and other publications within the nursery | Please sign / date: |
| **I hereby give/do not give (delete as appropriate)** permission for the nursery to send me photographic images that include my child or my child’s artwork via electronic mail to your personal email address or via learning journals | Please sign / date: |

|  |
| --- |
| **Additional Information** |
| Please detail below any other information you feel we should know about your child. |

|  |  |
| --- | --- |
| **Parent / Carer Declaration** | |
| In registering my child at Little Dreams Nursery, I have read, understood, and fully agree to abide by the Terms and Conditions laid down by the Nursery.  Terms and Conditions can be viewed on our webpage: [www.littledreamsnursery.com](http://www.littledreamsnursery.com/) | |
| Parent / Carer Name: | Date: |
| Signature: | |
| Parent / Carer Name: | Date: |
| Signature: | |

|  |
| --- |
| **Data Protection** |
| In compliance with current UK Data Protection Legislation, any information you provide to us will be kept secure and treated confidentially and will not be disclosed to any external sources without prior consent. |