



## ENROLMENT FORM

Name of child \_\_\_\_\_ Sex M/F \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

Post Code \_\_\_\_\_ Tel \_\_\_\_\_

Full Name of Parent/Carer \_\_\_\_\_

Work Place \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Does this parent have Parental Responsibility \_\_\_\_\_ Yes / No

Full Name of Parent/Carer \_\_\_\_\_

Work Place \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Does this parent have Parental Responsibility \_\_\_\_\_ Yes / No

Emergency contact other than the above

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

People authorised to collect your child \_\_\_\_\_

Name of GP \_\_\_\_\_ Tel \_\_\_\_\_

Address \_\_\_\_\_

Name of Health Visitor \_\_\_\_\_ Tel \_\_\_\_\_

Details of any health problems \_\_\_\_\_

Record of previous immunisations and infectious diseases. \_\_\_\_\_

Special requirements, Dietary etc: \_\_\_\_\_

Details of any procedures prohibited for medical, religious or other reasons: \_\_\_\_\_

1<sup>st</sup> Language \_\_\_\_\_

Religion \_\_\_\_\_ Ethnic Origin \_\_\_\_\_

Do you agree with the nursery administering the following when absolutely necessary

**Calpol / Arnica cream / Plasters / Antiseptic cream** Yes/No \_\_\_\_\_

Applying **Sun Cream** (SPF 15 or above) to my child Yes/No \_\_\_\_\_

Please give details of the sessions you would prefer:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Friday \_\_\_\_\_ Preferred start date is \_\_\_\_\_

Government Funded 2 year code \_\_\_\_\_

Will your child require? Please tick                      Nursery Lunch                     

Own Packed Lunch                     

Own Baby Food                     

The nursery has my permission to seek medical attention for my child if they consider it necessary.

My child **may/may not** be taken on outings from the Nursery at the discretion of Mrs Sheona Cunniff or her deputy.

**It is/is not** permissible that, when necessary the nursery may place my child in a cot or pushchair for a sleep.

Photographs of my child **may/may not** be used on the **Facebook, Web Page** and/or **Nursery Prospectus**

I wish to apply for admission of the above named child to Kiddiewinks Day Nursery.

I have read and fully agree to comply with the regulations of the nursery.

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

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