

The Strawberry Patch Nursery

Enrolment form

Please complete this form thoroughly; it is important we are able to contact you, a relative or friend at any time.

Please state clearly the name of the person who will be collecting your child each day. If you ask a friend to collect your child (even if another mother with a child at the nursery) we will require confirmation from you ideally in writing, otherwise we will not be able to allow your child to leave. Identification must be brought if the adult is unknown.

If you and your partner have joint parental responsibility for your child this needs to be signed by both parents, If you have sole custody of your child it only needs to be signed by the main carer.

PLEASE USE BLOCK CAPITALS

Child's full name _____

Date of birth _____

Address _____

Postcode (mandatory) _____

Parent (1)'s name _____ Place of work _____

Address _____

Postcode (mandatory) _____

Telephone number

home _____ Work _____

Mobile _____

EMAIL _____

Parent (2)'s name _____ Place of work _____

Address _____

Postcode (mandatory) _____

Telephone number

home _____ Work _____

Mobile _____

EMAIL _____

Emergency contact numbers

1/ Name/relationship _____ Number _____

Address _____

Postcode (mandatory) _____

2/ Name/relationship _____ Number _____

Address _____

Postcode (mandatory) _____

3/ Name/relationship _____ Number _____

Address _____

Postcode (mandatory) _____

Family Doctor _____

Address _____

Telephone _____

Please can you list the names of parents/carers who have parental rights and responsibilities for your child.

1 _____

2 _____

3 _____

Please list who will be collecting your child from the nursery & contact Number

1 _____

Tel No: _____ Mobile: _____

2 _____

Tele No: _____ Mobile: _____

3 _____

Tele No: _____ Mobile: _____

PLEASE GIVE DETAILS OF THE FOLLOWING IF APPLICABLE

Please add any further information you feel we might need.

Any religious or cultural consideration; _____

Any allergic or medical conditions _____

Any special health needs _____

Any special dietary requirements _____

Is there any additional information, special family or personal circumstances concerning the welfare of your child that we need to be aware of.

Are all your child's Immunisations up to date? _____

If your child has had diarrhoea or sickness they cannot return to nursery until after 72 hours of the last symptom, also if your child is on any medication they must have been on it for a minimum of 3 days before they can return, any medication brought into the nursery must have been prescribed by the child's own medical practitioner and must be clearly labelled with your child's name on it, also a medical form must be filled in by parent/guardian and signed allowing us to administer it.

Please sign to ensure you understand these conditions,

Parents/guardians consent _____

Do you give permission for your child to receive medical attention in cases of emergency when parent/carer cannot be contacted, for example paramedic doctor,

Parent/guardian consent _____

Do you give permission for photos to be taken of your child and displayed within the setting, web site, promotions and for observations to be taken, if so please sign below,

Parent/guardians consent _____

Do you give permission for Calpol to be administered to your child if they fall ill at Nursery.

Parents/guardians consent_____

Do you give permission for your child to be taken on walks around the surrounding area including Baconsthorpe Castle if so please sign below,

Parents/guardians consent_____

Do you give permission for sun cream to be applied to your child at Nursery,

Parents/guardians consent_____

We are required by law to pass on relevant information about your child while attending and an Early Years Setting in order to administer Education and children services and in doing so they have to comply with the data protection act 1998.

Parents/guardians consent_____

I have read through the information given to me concerning The Strawberry Patch Terms and Conditions and Payment Conditions and I agree to them,

Signed_____

SESSIONS REQUIRED

	AM	PM
Monday.....
Tuesday.....
Wednesday.....
Thursday.....
Friday.....

Proposed start date _____

We offer the option of Term Time only, to children over the age of 3 years receiving government funding. All children aged 3 years and under will be allowed to drop their sessions down to a minimum of 2 sessions per week through all holidays, this is to continue continuity of care for children and staff and to secure your child's place and set session's through term times. Holiday entitlement will still apply and the days you are entitled to will depend if they are taken through term time or holidays.

Please list below your child's requirements,

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Please sign below to say you agree to and understand the nursery's terms and conditions before your child can attend the setting.

Parents/Guardian Signature.....

I _____ (name) and _____ (name)

have read through and been given the opportunity to discuss the policies and procedures of The Strawberry Patch Nursery and I/We accept their contents.

Signed: _____ Print name _____

Signed: _____ Print name _____

Date: _____