

Enrolment Registration Form



Child's Information

Child's Full Name _____

Child's known name (if different from above) _____

Child's Date of Birth (DD/MM/YYYY) _____ Child's Gender: Male/Female

Child's Nationality _____ Child's Birthplace _____

Child's First Language _____

Birth Certificate seen and a copy made? Yes ☐ No ☐ **(OFFICE USE ONLY)**

Family Information

Name(s) of Parent(s)/Carers(s) with whom the child lives with (i.e. Mum, Dad, Grandparents) _____

Contact Details No. 1

Name _____

Home Address _____

Postcode _____

Home Phone _____ Mobile Phone _____

Email Address _____

Occupation _____ Work Phone Number _____

Work Address _____

Postcode _____

Date of Birth _____ Relationship to Child _____

National Insurance No _____ Nationality _____

Does the above have parental responsibility for the child? Yes ☐ No ☐

Contact Details No. 2

Name _____

Home Address _____

Postcode _____

Home Phone _____ Mobile Phone _____

Email Address _____

Occupation _____ Work Phone Number _____

Work Address _____

Postcode _____

Date of Birth _____ Relationship to Child _____

National Insurance No _____ Nationality _____

Does the above have parental responsibility for the child? Yes ☐ No ☐

Emergency Contact Information

If we are unable to contact you in the event of an emergency, please supply two individuals that you wish us to contact.

My First Contact

Name _____ Relationship to child _____

Daytime contact number _____ Alternative number _____

My Second Contact

Name _____ Relationship to child _____

Day time contact number _____ Alternative number _____

In the event that no-one listed above can be contacted in an emergency, the Nursery Manager will allow other trained professionals to make decisions in the best interest of your child (e.g. medical staff)

Individuals authorised to collect your child (The individuals listed below must be over 16 years of age. You may wish to use the persons named above in Family Information and Emergency Contacts, but please indicate)

Contact 1 – Name _____ Relationship to child _____

Contact 2 – Name _____ Relationship to child _____

Contact 3 – Name _____ Relationship to child _____

The password I would like to use for the collection of my child by the authorised persons above is:

_____ Signature _____

Please list the names of any individuals **NOT** authorised to collect your child (if applicable) _____

Medical Information

Is your child registered with a GP (Doctor)? Yes ☐ No ☐

If yes, please list surgery name _____

Has your child had their first dental check (only if age appropriate)? Yes ☐ No ☐

If yes, please list date and registered dentist surgery name _____

Has your child had, or experienced any of the following illnesses/conditions? (please tick as appropriate)

Chicken Pox	Measles	Mumps	Rubella	Whooping Cough	Convulsions/ Fits	Scarlet Fever
☐	☐	☐	☐	☐	☐	☐

Has your child been immunized against the following? (please tick as appropriate)

Measles	Mumps	Rubella	MMR	HIB	Polio	Tetnus	Diphtheria	Men C	Whooping Cough
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Does your child have any known medical conditions that we should be aware of (Asthmas, Eczema etc)

Has your child any allergies, food intolerances etc? _____

If yes, how does your child react to these? (so that we know the symptoms to look for in an emergency)

Does your child have any special fears? _____

Child’s Personal Information

Please list if your child has any special dietary requirements or preferences? _____

Does your child have any special educational needs or disabilities? If so, please specify _____

Are any of the following in place (please tick as appropriate):

SEND Action Plan ☐ Education, Health & Care Plan ☐ Speech Therapy ☐

If required, what special support will your child need whilst in our care? _____

If your child is aged between 24-36 months, has a two year progress check already been completed for your child?

Yes ☐ No ☐

If yes, please specify below any information regarding the check you think we should know _____

How would you describe your child’s ethnicity or cultural background? _____

What is the main religion in your family (if applicable)? _____

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in at home, and that you would like us to acknowledge/celebrated (where possible) whilst at our Nursery?

Are there any other languages spoken at home? _____

If there is any other information you feel we should know relating to your child, please list it here

Details of any other Professionals involved with your child (if applicable)

Health Visitor Name _____ Tel No _____

Social Care Worker Name _____ Tel No _____

What is the reason for the involvement of the Social Care Department with your family? (If your child has a child protection plan, make a note here, but please do not include details. We will ensure these details are obtained from the social care worker named above and keep these details securely in the child's file)

Please specify any other external agencies or professionals who have regular contact with your child (i.e. Paediatrician, Consultant, Dietician, Speech and Language Therapist, Specialist Teacher etc.)

Name _____ Role _____

Tel No _____ E-mail address _____

Name _____ Role _____

Tel No _____ E-mail address _____

Name _____ Role _____

Tel No _____ E-mail address _____

Does your child currently attend (or have they previously attended) any other educational setting/provision (i.e. Nursery, Childminder etc.)?

Yes ☐ No ☐

Name of setting _____ Managers Name _____

Address _____

Keyworkers Name _____ Tel No _____

I give consent for you to liaise with the above setting in order to support my child's learning and development

Yes ☐ No ☐

Signature _____ Date _____

Sessions

Please indicate your preferred choice of sessions below: Intended Start Date: ____/____/20____

	Morning 8:00 – 13:00	Afternoon 13:00 – 18:00
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Additional Hours		

Morning sessions in our Baby and Toddler rooms includes breakfast, served at approx. 08:30 and lunch, served at approx. 11:30

Afternoon sessions in our Baby and Toddler rooms include a light tea, served at approx. 15:30

Full day sessions include all of the above meal times

NB - There is an additional meal supplement charge for children in our Pre-School room. This will be discussed with you.

We offer places based on either term time only (38 weeks per year), or all year-round (51 weeks per year).

Please confirm your preference by ticking either of the following:

☐

Term Time Only (38 weeks)
(Not available in our Baby Room)

☐

All Year Round (51 weeks)

Settling in Sessions

We are pleased to be able to offer a variety of ways and sessions, in which to help your child settle into our Nursery. These settling in sessions can be done via home visits and/or stay and play, whichever you prefer.

Please let us know your preferred method of first settling in session, along with a convenient date and time.

Settling in Method: _____ Settling in Date: _____

Permissions

Emergency – In the event of an accident or emergency involving my child, I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary/required, and I understand that my child may be taken to hospital accompanied by a member of the nursery team for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.	Yes	No
Inhaler/Epipen - I give permission for staff members to administer the inhaler/Epipen (supplied by me) to my child	Yes	No
Teething Gel - I give permission for teething gel (supplied by me) to be administered to my child when necessary, in accordance with manufacturer's instructions	Yes	No
Nappy Cream - I give permission for nappy cream (supplied by me) to be administered to my child when necessary, in accordance with manufacturer's instructions	Yes	No
Paracetamol - I give permission for paracetamol based medicine (i.e. Calpol) to be administered to my child in the case of a raised temperature and on the understanding that I will be making arrangements for my child to be collected as soon as possible in accordance with the Nursery's procedures on the administration of medicines. The nursery team would always try to contact me (or other emergency contacts) before administering any paracetamol based medicine	Yes	No
Medicine – I give permission to administer any medicine prescribed for my child	Yes	No
Sun cream – I give permission for sun cream to be applied to my child when necessary throughout the day. NB, please supply your own sun cream for the use of your child. In the event of no sun cream being supplied, the nursery's own sun cream may be applied	Yes	No
Plasters – I give permission for plasters to be applied to my own child if needed	Yes	No
Walks & Outings – Your child may be taken out of Nursery as part of their daily activities. Staff ratios are always maintained and a certified first aider is always present. I therefore give permission for the nursery staff to take my child on walks and outings within the local area (i.e. shops, library, park etc)	Yes	No
Face Paints – I give permission for the use of the nursery's face paints on my child	Yes	No
Photographs & Videos – As part of the on-going recording our of curriculum and for children's individual development records, we regularly take photographs of the children during their play. Only cameras and software supplied by the Nursery are used for this purpose, photographs taken are used for display work and for your child's records within the Nursery. We may also record events and activities on video. All photos/videos are stored on the Nursery computers and software only. I therefore give permission for my child to have his/her photo taken, or to be videoed during their time at the Nursery	Yes	No
Website/Promotional Material – I give permission for my child to appear on the Nursery website (www.littletreasuresnursery.org) or any other such promotional material	Yes	No
Social Media – I give permission for my child's photograph/video to appear on the Little Treasures Social Media pages (i.e. Facebook, Twitter)	Yes	No
Press – I give permission for my child's photo and name to be featured in any press/PR or publications directly associated with the nursery	Yes	No
CCTV – I am aware that the Nursery is fitted with CCTV for safeguarding and training purposes. A policy is in place for this and can be found on our website	Yes	No
Teeth Brushing – as part of the Nursery's commitment to improving oral hygiene amongst children, I give my permission for my child's teeth to be brushed whilst at Nursery.	Yes	No

Please note – There will be occasions when representatives and professionals from other agencies such as Ofsted, Area SENCO, Health Visitors etc will come into the Nursery to carry out and record observations and activities in relation to children's developmental assessment.

Signature _____ Date _____

Print Name _____

Online Learning Journey

We use an electronic software system to create an online learning journal which records, tracks and shares your child's learning during their time at the Nursery. It allows us to instantly upload photos, videos and observations of your child. The software is hosted on dedicated, secure servers which conform to extremely high standards and is proactively managed by central security teams. Only you as a parent/carer will have access to your child's learning journal and this cannot be seen by other parents. **It is crucial for the safeguarding of all children that you do not share photos or videos from your child's learning journal through social media or other online platforms.**

Please tick in the boxes below to confirm the following statements:

☐

I give permission for an online learning journey to be created and maintained for my child

☐

I give permission for my child to appear in any group photos or videos used in the learning journal. I understand that my child's image will be viewable by all parents/carers of the children featured in that particular photo or video

☐

I agree that I will not share any part of my child's learning journey through social media or other online platforms

☐

I agree to keep my login details safe and secure

The e-mail address I wish to use for my online learning journey account is

NB – Up to 2 e-mail addresses may be registered for the main parental account, and additional supplementary e-mail addresses can be also be registered for the supplementary account (recommended for Grandparents and other family members)

Primary E-mail Address No. 1 _____

Primary E-mail Address No. 2 _____

Supplementary E-mail Address No. 1 _____

Supplementary E-mail Address No. 2 _____

Supplementary E-mail Address No. 3 _____

Policies & Procedures

I understand that there may be circumstances where information is shared with other professionals or agencies without my consent. All of the Nursery's policies and procedures, including our Information Sharing policies, are available from the Manager's Office within the building and are available to view at any time.

Signature _____ Date _____

Print Name _____

All About Me

My name is	
I live with	
Names and ages of any brothers and sisters	
Pets if any and their names	
Favourite toy(s)	
Favourite book/story	
Favourite song/nursery rhyme	
Names of my friends	
I like	
I dislike	
Food likes and dislikes	
Comfort objects (i.e. dummy, blanket etc)	
When I am upset, I like	
Is your child able to go to the toilet independently? If applicable	
Anything else you would like us to know about your child	

The information you provide about your child above is really useful when helping us settle them into Nursery.