



Little Angels Day Nursery – Enrolment Form

To receive a place for your child at Little Angels Day Nursery, please complete this form and return it with a registration fee of £50.

Child's Details

Childs Name _____

Date of Birth _____ Age _____

Gender _____

Address _____

Postcode _____ Tel No _____

Religion _____

Ethnic Origin _____

Family Language _____

Parent's Contact Details

In case we need to contact you for any reason while your child is in our care, please complete the following:-

Mothers Name _____

Mothers Place of Work _____

Tel No _____ Times _____

Mobile Tel No (if applicable) _____

Fathers name _____

Fathers Place of Work _____

Tel No _____ Times _____

Mobile Tel No (if applicable) _____





Other Contact Details

In the event that we are unable to contact either parent, please provide the details of a friend/relative who we may contact.

Name _____
Address _____
Postcode _____ Tel No _____
Mobile Tel No (if applicable) _____
Relationship to Child _____

In the event we are unable to contact you in an emergency please supply us with the name and address of your child's doctor.

Doctors Name _____
Address _____
Postcode _____ Tel No _____
Child's Health Visitor _____

Other Information

Please give details of any allergies, health problems or special needs your child has and whether medication needs to be given during the day.

Please give details of any special dietary requirements your child has.

Please provide any other information you feel we should know about your child.





Sessions required for your child

Please confirm the sessions you wish your child to attend.

	Morning	Afternoon	School Day (8.30-4.00)	All Day
Monday	_____	_____	_____	_____
Tuesday	_____	_____	_____	_____
Wednesday	_____	_____	_____	_____
Thursday	_____	_____	_____	_____
Friday	_____	_____	_____	_____

Date you wish your child to start. _____

It is important that you read and understand the terms and conditions that apply to this contract before you sign. If there is any term that you do not understand or do not wish to agree to, then please discuss it with us before signing. Only sign this agreement if you wish to be bound by the terms and conditions.

I hereby give Little Angels Day Nursery my permission to arrange treatment with a doctor or take my child to hospital should an emergency arise.

Signed _____ Date _____

To enable us to continue to give the service our parents would like, we would be grateful if you would answer the questions below. Many thanks.

1. How did you hear of Little Angels Day Nursery?

2. Did you visit any other local Nurseries?

Yes _____ No _____

3. What prompted you to choose Little Angels Day Nursery?

