



ENROLMENT FORM

To reserve a place for your child at Little Angels Day Nursery, please complete this form and return it with a registration fee of £50. Please ensure that you give as much detail about your child as possible, if you would prefer to fill in the form in discussion with a Nursery manager then please ask – it won't be a problem!

Child's full name (as it appears on the birth certificate)		Child's date of birth	
Child's known name (if different to above)			
Child's address			
Postcode		Home telephone	
Language(s) spoken at home			
Religion		Ethnic origin	
Names of Parents/guardians with whom the child normally lives			
Do all of the above have parental responsibility for the child?			
Parent/guardian 1 contact details			
Name			
Relationship to child			
Place of work (if applicable)			
Work no.		Mobile no.	
Email address for newsletters etc.			
Parent/guardian 2 contact details			
Name			
Relationship to child			
Place of work (if applicable)			
Work no.		Mobile no.	
Email address for newsletters etc.			

Any other adults with parental responsibility/rights with whom the child does not normally live?

Name

Address

Telephone Number

Relationship to child

Is this person an emergency contact?

Please provide details of two people who can act in an emergency for your child

Name:

Contact number:

Relationship to child:

Name:

Contact number:

Relationship to child:

In the event that no one can be contacted in an emergency the Nursery Manager will seek any necessary emergency medical advice or treatment and will allow other trained professionals to make decisions in the best interest of your child (e.g. medical staff / emergency services).

Child's Doctor

Surgery name and address

Telephone number

Child's Health Visitor

Telephone number

Please give details of any allergies, medical conditions 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

Are there any other professionals involved with your child? E.g. Speech therapy, social services etc.

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

PERMISSIONS FORM

Child's name:

Date of birth:

I give consent for photographs to be taken of my child for display and records keeping purposes: YES / NO

I understand that if the Nursery wants to use photographs of my child for advertising purposes (E.g. on the Nursery website) I will be asked for separate permission for each photograph: YES / NO

I give consent for staff and other agencies such as Ofsted, Area Senco, and Health Visitors to carry out and record observations of my child for the purpose of developmental assessment: YES / NO

I give consent for my child to be taken off site for short walks or to the park as part of Nursery activities: YES / NO

I give consent for Little Angels Day Nursery to act in the best interests of my child in the event of a medical emergency by for example arranging treatment with a doctor or taking my child to hospital: YES / NO

I give consent for the Nursery to apply sun cream to my child YES / NO

Signed:

Date:

AGREEMENT

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				

Anticipated start date:

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. By signing this agreement, you will be bound by the nursery terms and conditions.

I understand the terms and conditions and I wish to apply for a place for.....(insert child's name)

I enclose a deposit of £50. I understand that the deposit will not be returned if the place is not taken up or if I fall behind with childcare fees. The deposit will be refunded when your child leaves provided we have been given four weeks written notice.

Signed:

Please print name:

Date:

We look forward to welcoming you and your child to Little Angels Day Nursery. To enable us to continue giving the service our parents would like, we would be grateful if you would answer the questions below. Many thanks.

How did you hear of Little Angels Day Nursery?
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Did you visit any other local nurseries?
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What prompted you to choose Little Angels Day Nursery?
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