



**Third Emergency Contact:**

Name:

Relationship to child:

Contact Telephone:

**Fourth Emergency Contact:**

Name:

Relationship to child:

Contact Telephone:

**Medical Information:**

Child's Doctor:

Surgery Name/Address:

Surgery Tel No:

Name/contact number  
of Health Visitor:Are there any other  
professionals involved  
with your child? E.g.:  
speech therapist/social  
services etc.Details of any  
allergies/medical  
conditions:Special dietary  
requirements:Any additional  
information you wish to  
share with us regarding  
your child:

## Data Protection Act 2018

### Parents' Consent

Information provided in your enrolment form will be confidential to Little Angels Day Nursery and will only be accessed and processed by authorised individuals who are aware of the obligations for handling and managing such data. It will be used only for the purpose of fulfilling our contract with you and complying with our legal and public obligations. This also applies to other forms that you may be asked to sign, for example accident and/or incident forms.

You should be aware that the information you give may be held on both manual and electronic systems and you can update your information at any time.

By completing this form, you will be confirming that you give your consent for Little Angels Day Nursery to hold and process your data as set out above.

### Parents' Privacy Notice

We, Little Angels Day Nursery, the Data Controller, intend to use the information you have provided on your enrolment form to lawfully process (for reasons of our contract, legitimate interests and public and legal obligations). We store information relating to the childcare for between 2 and 21 years, 3 months depending on the requirement of the Children's Act 2006. If you wish to complain about how we handle your data, contact details including a helpline number can be found on the Information Commissioner's Office website [www.ico.org.uk](http://www.ico.org.uk)

Signed ..... Date .....

Signed ..... Date .....

## Nursery Agreement

	Full Day (7.30AM-6PM)	School Day (8.30AM-4PM)	AM (7.30AM-1PM)	PM (1.30PM-6PM)
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Anticipated start date:	
Additional notes regarding start date if applicable:	

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, please discuss it with us prior to signing this agreement. By signing this contract you will be bound the Nursery terms and conditions.

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

I have settled a deposit of £50.00 to secure my child's place via the following method:  
(PLEASE INDICATE)

Online via Santander Account no 40839454 s/c 09-06-66  
Debit Card

I understand that this deposit will be non-refundable should I decide not to continue with the enrolment process prior to my child's start date or if I should fail to pay nursery fees on time.

(\*\*Deposit will be refunded by cheque or bank transfer when your child leaves providing 4 weeks written notice is received and no balance is owing\*\*)

Print.....

Sign.....Date.....

We look forward to welcoming you and your child to Little Angels Day Nursery, we very much value your comments and would be extremely grateful if you would take a moment to answer the questions below:

How did you hear about Little Angels Day Nursery?	
Which other nurseries did you visit?	
What prompted you to choose Little Angels Day Nursery?	
Was Little Angels Nursery recommended to you by an existing nursery parent? (Please give name to enable recommendation discount to be applied)	

## **Permission Form**

I give consent for photographs to be taken of my child for display, learning journeys and record keeping purposes:	Yes/No
I understand that is the nursery wishes to use photographs of my child for advertising purposes ( for example on 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 nursery staff to apply sun cream to my child:	Yes/No
<b>Signed:</b>	<b>Date:</b>

---

## **Office Use Only**

Date received:	
Date copy of birth certificate received/filed:	
Deposit paid by:	Online    Card
Date confirmation sent:	
NM System:	
EyLog:	
Additional notes:	