

Whitchurch Pre-School Nursery (Shropshire) Ltd.

Enrolment Details

Child's information					
Child's Name	First:	Middle:	Last:		
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Religion:		
Birth date:	/ /	Ethnicity:	Where did you hear about us?:		
Language spoken:	1 st		2 nd (if applicable)		
Do both parents have equal responsibilities for looking after their children from the same address?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes - please confirm child's full address		Address:			
		Postcode:			
		Home Tel:		Email:	
		If No – please provide full details of each parent			
Mother (name):		Father (name):			
Address:		Address:			
Postcode:		Postcode:			
Home Tel:		Home Tel:			
Mobile Tel:		Mobile Tel:			
Work place Tel:		Work place Tel:			
Email:		Email:			
Which of these parents does the child normally live with?					
Do both parents have legal access to the child					<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please provide documents to support this					
In case of emergency					
Please provide mobile and emergency contact numbers for each parent					
Mother (name):		Father (name):			
Mobile:		Mobile:			
Name of Work place:		Name of Work place:			
Emergency Contact Tel. Number:		Emergency Contact Tel. Number:			
Please provide two other emergency contact telephone numbers of people who would collect your child if you were unavailable:					
Name:		Name:			
Telephone Number:		Telephone Number:			
Relationship to child:		Relationship to child:			
Persons authorized to collect your child (must be over 16 years of age)					
1)		Relationship to child:			
2)		Relationship to child:			
3)		Relationship to child:			

Medical information

Please provide this essential information:

Doctor (name):	Health Visitor (name):		
Address:	Address:		
Telephone Number:	Telephone Number:		
Is your child fully immunized to date?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have allergies?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes – please give details			
Does your child have any specific dietary requirements and/or activity exclusion requests?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes – please give details			
Does your child require additional support or will he / she be taking any long term medication whilst attending nursery?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes – please request an ‘additional needs form’ as further information will be required			
Does your child have any specific likes, dislikes or fears?			

Session Information

On what date would you like your child to start nursery?	Start Date:	/	/		
Which sessions and days do you want your child to attend? <i>(please tick off which sessions you require)</i>					
	AM 8 am – 12.45 pm	PM 1.15 pm – 6 pm	FULL DAY 8 am – 6 pm	SCHOOL DAY 9 am – 3 pm	EXTENDED SCHOOL DAY 8 am – 4 pm
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Early starts at 7:30 am can be arranged, subject to availability, at a surcharge. For further information, please contact the Nursery Manager.

Other information

Do you wish to receive our news letter and any other information pertaining to the nursery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes – please provide email address to be used:		
<i>We prefer to send out information electronically, please leave out your email address if you prefer information in paper form.</i>		

Child's observations:

I / we understand that ongoing observations will be undertaken of the above named child, to follow and asses their development whilst attending nursery. These may be in the form of written statements or photographs.

Parent (name):

Signed:

Date:

Sharing of relevant information:

Where children receive care and education in more than one setting, the Early Years Foundation Stage requires practitioners to share relevant information with each other. In line with this, we will actively seek opportunities to share information about your child with any other practitioners (Childminders, schools, etc.) who care for your child. This may involve verbal communication or the sharing of developmental records.

I / we understand that the nursery will share relevant information with any other settings involved in the education and care of my child.

Parent (name):

Signed:

Date:

Outings:

If the nursery organizes an outing, written consent will be requested prior to that specific outing from a parent/carer, if they will / will NOT be attending.

Other important information:

I will inform the Officer in Charge of any changes or incidents which may be relevant to the care of my child, including 4 weeks written notice to terminate my child's nursery place.

I am aware that in order to retain my child's nursery place there are no discounts when my child is absent for reasons such as holiday or sickness.

I confirm that I accept Whitchurch Pre-school Nursery's Policies & Procedures (which are kept within reception).

I confirm that I accept and agree to Whitchurch Pre-school Nursery's Terms and Conditions

I enclose the £25 non-refundable registration fee and will ensure a payment of £75 (refundable in final invoice) is paid before my child starts nursery.

I confirm that the above information is correct and true to the best of my knowledge.

Signature

Date

Print:

Relationship to Child:

Updated July 2010

For office use only:

£25.00 registration fee received Date:

£75.00 deposit fee received Date:

Parental Consent Form

Child's information

Child's Name	First:	Middle:	Last:
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Routine Outings

I agree for the above named child to go on routine outings whilst attending Whitchurch Pre-school Nursery. I understand that the minimum adult : child ratio will always be adhered to.

Parent / Guardian's name (block capitals)	Date:
Signed:	

Photograph permission

To promote the Early Years Foundation Stage framework, we regularly take photographs of the children in our setting as evidence of each individual's child's progress. We sometimes use these photographs to promote our setting such as for the local newspaper or our website. Please indicate whether you give permission for us to take photographs and/or video images of your child whilst attending Whitchurch Pre-school Nursery.

I give permission for the above named child's photograph / video image being taken for nursery use (e.g. individual profiles , wall displays)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please fill in your name, signature and date below.

Parent / Guardian's name (block capitals):	Date:
Signed:	

I give permission for the above named child's photograph being used outside the nursery (e.g. newsletters, local press and website)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please fill in your name, signature and date below.

Parent / Guardian's name (block capitals):	Date:
Signed:	

Emergency medical assistance/treatment

I agree for the above named child to receive emergency medical assistance / treatment if required.

Parent / Guardian's name (block capitals):	Date:
Signed:	

Plasters

As far as I am aware, the child named above is NOT allergic to plasters and I hereby give permission to the nursery staff, to apply a plaster to any minor cuts or injuries to the above mentioned child, whilst at Whitchurch Pre-school Nursery.

Parent / Guardian's name (block capitals):	Date:
Signed:	

Collection of children / Password information

As a security measure we require a password for each child. This is a safeguard to ensure that, in an emergency, a friend or relative, can collect your child. Please note that nobody can collect your child, unless they have your password. We also require prior notice that someone else will be collecting your child. Please choose your family password and write it in the box below:

Password:

Sun protection

The Nursery strongly recommends use of sun protection for all children. To the best of my knowledge, I am not aware that the child named above has an allergy to sun cream and I hereby agree for sun protection cream to be applied to the above mentioned child by the nursery staff. I agree to provide sun protection cream for my child. In the event that sun cream has not been provided, I give my consent for an alternative sun cream to be administered on those occasions.

Parent / Guardian's name (block capitals):

Signed:

Date:

Medicines

The Nursery does not *usually* administer medicines which have not been prescribed by a doctor, dentist, pharmacist or nurse. We will allow parents / guardians to bring the following medication into nursery for administration with prior consent (there must be a health reason to do so):

- All prescribed medicines (with original box / container, with prescription label displayed)
- Infant liquid paracetamol / Infant liquid Ibuprofen
- Teething gel

Please note that all medication must be clearly labeled with your child's name on it, which we will keep in a secure place on your behalf. Each child will have a **medicine form** which you are required to sign before AND after administration and records all relevant information.

Administration of emergency medication:

The nursery will also keep Calpol on the premises as we feel this could aid a child's pain and fever relief. The Officer / Deputy Officer in Charge will only allow administration the above medication in the appropriate dose if in their opinion there is a health reason to do so (e.g. extreme high fever may cause a febrile convulsion in infants).

I can confirm my child has previously been given infant paracetamol/ibuprofen medication, and has had NO allergic reaction to it.

Yes No

I give permission for the above named child to be administered liquid paracetamol/ibuprofen in the appropriate dose if the Officer / Deputy Officer in Charge feels there is a health reason to do so (if this is necessary, every effort will be made to notify parents by phone to gain verbal consent before administration

Yes No

If **YES** - please fill in your name, signature and date

Parent / Guardian's name (block capitals):

Signed:

Date:

Childhood immunisation checklist

Has your child had the following vaccinations?				
Child's Name	First:	Middle:	Last:	
Has your child had the following vaccinations?				
When to immunize?	Vaccine Given	Disease protected against	Tick this box if your child has received vaccine	Date given
Two months old	DTaP/IPV/Hib & PCV	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib), pneumococcal infection		
Three months old	DTaP/IPV/Hib & MenC	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib), meningitis C		
Four months old	DTaP/IPV/Hib, MenC & PCV	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib), meningitis C & pneumococcal infection		
Around 12 months	Hib/MenC booster	Haemophilus influenzae type b (Hib), meningococcal C infections		
Around 13 months	MMR & PCV booster	Measles, mumps & rubella & pneumococcal infections		
3 years & 4 months old - 5 years old	DTaP/IPV & MMR	Diphtheria, tetanus, pertussis (whooping cough), polio & Measles, mumps and rubella		
Parent (name):		Signed:	Date:	

Updated July 2010