

# Enrolment Form

## My Details

Child's First Name

Child's Surname

Address

Postcode

Emergency Tel.

Sibling To.

Nationality

Language Spoken at Home

Religion

First Language

Attach Photo

## Lives With

Mother

Father

Both

Other (Please Specify)

D.O.B (proof will be required)

Girl

Boy

## Ethnic Origin

WHITE	BLACK	MIXED	ASIAN
White British	Black British	White&BlackCaribbean	Asian British
White Irish	Black Caribbean	White & Black African	Chinese
Other White	Black African	White & Asian	Indian
	Other Black	Other Mixed	Pakistani
			Bangladeshi
			Other Asian

Start Date

Sessions Requested

Full Week

Monday

Tuesday

Wednesday

Thursday

Friday

Additions:

## Parental Responsibility Detail

### Parent / Carer 1

Title (Mr./Mrs./Ms./Dr./Other)

Full Name

Address

Postcode

Occupation

Work Address

Work Tel.

Home Tel.

Mobile Tel.

Email

Attach Photo

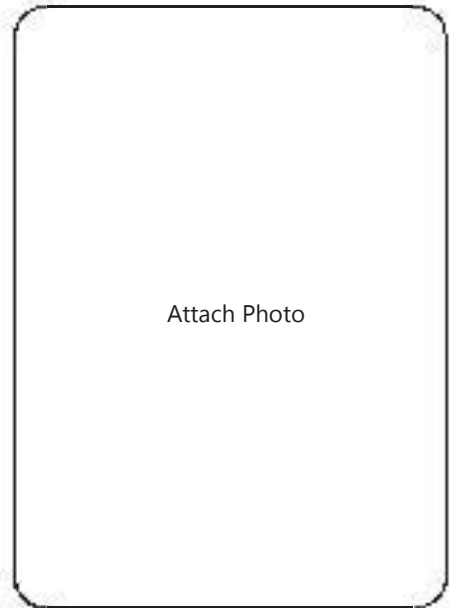
**Parent / Carer 2**

Relation		Title(Mr./Mrs./Ms./Dr./Other)	
Full Name			
Address			
Postcode			
Occupation			
Work Address			
Work Tel.		Home Tel.	
Mobile Tel.		Email	



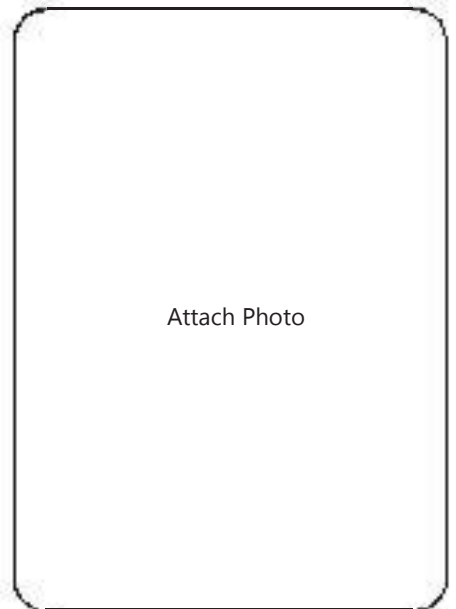
**Emergency Contact 1**

Relation		Title(Mr./Mrs./Ms./Dr./Other)	
Full Name			
Address			
Postcode			
Occupation			
Work Address			
Work Tel.		Home Tel.	
Mobile Tel.		Email	



**Emergency Contact 2**

Relation		Title(Mr./Mrs./Ms./Dr./Other)	
Full Name			
Address			
Postcode			
Occupation			
Work Address			
Work Tel.		Home Tel.	
Mobile Tel.		Email	



**Child's Medical Details:**

Doctor/Surgery Name:

Doctor/Surgery Tel:

History of any illnesses:

Any Allergies:

Any Dietary Needs:

Dentist Name & Address

Health Visitor's Name & Details

**Details of Immunizations:**

BCG	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	<input type="text"/>
MMR	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	<input type="text"/>
Diphtheria	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	<input type="text"/>
Polio	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	<input type="text"/>
HIB	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	<input type="text"/>
Tetanus	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	<input type="text"/>
Whooping Cough	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date	<input type="text"/>

Please use the space below for any other important information you would like us to be aware of:

**Declarations (please tick the correct option):**

I/We agree for my child in the event of an emergency to be taken to hospital when necessary and to be seen by medical professionals to seek advice. Yes  No

I/We agree for my child to be taken on nursery outings? Yes  No

I/We agree for my child to be taken on supervised outing using public transport i.e. bus Yes  No

I/We agree for my child's photograph/videos to be taken for their child profile and for the nursery use. Yes  No

I/We give permission for supplied nappy barrier cream to be applied when supplied by parent/carer. Yes  No

I/We give permission for supplied Sun Cream to be applied to my child When supplied by parent/carer. Yes  No

I/We give permission for Baby Wipes to be used when supplied by the nursery: **Yes**  **No**

I/We give permission for Nappies and/or Pull-ups to be used for my child when supplied by the nursery: **Yes**  **No**

I/We give permission for anti bacterial hand hygiene gel to be used on my child's hands when supplied by the nursery. **Yes**  **No**

I/We give permission for my child to access ICT and the internet when supervised by an adult. **Yes**  **No**

I/We give permission for my child to play on large play equipment whilst at nursery, at the park and purpose built play areas. **Yes**  **No**

I/We agree for my child's photograph/videos to be taken for the nursery website. **Yes**  **No**

I/We agree for my child's details to be shared with Local Authority. **Yes**  **No**

I/We agree for my child's photograph/videos to be taken for the nursery website. **Yes**  **No**

I/We agree for nursery staff are allowed to put a hypoallergenic plaster onto a minor wound if necessary to keep a wound clean. **Yes**  **No**

I/We give consent for staff and other agencies such as Area Senco and Health Visitors to carry out and record observations of my child for the purpose of developmental assessment. **Yes**  **No**

I/We give consent for the nursery to have my child's learning journey added to Tapestry and allow the nursery to observe my child using tapestry? **Yes**  **No**

Will your child be attending any other childcare setting as well as Kids Corner Nursery e.g. another Nursery, a child minder or a Nanny? **Yes**  **No**

If Yes, please provide details below:

Name of setting

:

Contact details:

Name of Key person:

**Please understand that we will not allow any child to start at nursery until we consider they are settled and feel comfortable.**

The following documents should also have been given to you:

- A copy of the Nursery terms and conditions,(accessible via website: [www.kidscornernursery.net](http://www.kidscornernursery.net))
- A medical details form if your child is on regular medication at home (please fill this in and return to us)
- An early years pupil premium form ( 2+ years)
- A copy of the Nursery's responsibilities regarding Fair Processing
- A copy of the Nursery's responsibilities regarding Child Protection

It should also have been explained to you:

- What the Nursery's medication policy says
- Where the parents information board is
- Where fees are paid
- Where the Nursery policies and procedures are kept
- Where your child's things will be kept while at Nursery
- How to make comments and suggestions about the Nursery
- How to complain if there is something you are not happy with

**I/We have read, understood and agree to abide by Kids Corner Nursery LTD Terms & Conditions and Policies & Procedures.**

**I/We also understand that the standard terms& conditions and policies & procedures of Kids Corner Nursery LTD we will undergo reasonable changes from time to time as circumstances require and will apply in all our dealings with Kids Corner Nursery LTD.**

**I/We declare that all the information given is true and any changes will be immediately notified to the Nursery.**

**I/We also understand that Kids Corner Nursery LTD may obtain, process and hold personal information about our child, including sensitive information such as medical details, or legal documents.**

**I/We also agree all details of parental responsibility given are true and accurate and all parents with responsibility will be contacted, copies of letters / reports unless they instruct us otherwise.**

**I/We consent to Kids Corner Nursery LTD corresponding with both parents/carers, and understand that unless otherwise legally advised, Kids Corner Nursery LTD has an obligation to communicate and allow contact with both parents in the interest of the child.**

**Parent/Carer: 1**

Signature:

Printed

Dated

Relationship to Child:

**Parent/Carer: 2**

Signature:

Printed

Dated

Relationship to Child:

**Please indicate how you heard about Kids Corner Nursery LTD**

Personal Recommendation (if so whom?)

Web search engine (if so, which one?)

Advert (if so, which one?)

Open Day

Website

Yellow Page

Nursery Promotion

