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| **Enrolment form**  **Hadleigh Parkside Pre-school** |  |

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**Child’s details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Child’s first name(s)** | | | |  | | | | | | | | **Surname** | | | | |  | |
| **Name known as** | | | |  | | | | | | | | | | | | | | |
| **Child’s full address** | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| **Gender** |  | | | | **Date of birth** | | | | |  | | | | | **Birth certificate seen Yes/No *(delete)*** | | | |
| **Family details** | | | | | | | | | | | | | | | | | | |
| **Name of parent(s)/carer(s) with whom the child lives:** | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| ***Contact details 1 (including emergency information):*** | | | | | | | | | | | | | | | | | | |
| **Parent/carer full name** | | | | | | | |  | | | | | | | | | | |
| **Relationship to child** | | | | | | | |  | | | | | | | | | | |
| **Daytime/work telephone** | | | | | | | |  | | | | | | | | **Mobile** | |  |
| **Home telephone** | | |  | | | | | | | | **Email** | | |  | | | | |
| **Home address** | | |  | | | | | | | | | | | | | | | |
| **Work address** | | |  | | | | | | | | | | | | | | | |
| **Does this parent have parental responsibility for the child? Yes/No *(delete)*** | | | | | | | | | | | | | | | | | | |
| **Does this parent have legal access to the child? Yes/No *(delete)*** | | | | | | | | | | | | | | | | | | |
| **Emergency contact details if parents are not available** *Emergency contacts must be local.* | | | | | | | | | | | | | | | | | | |
| ***Contact 1* - Name** | | | | | | |  | | | | | | | | | | | |
| **Daytime/work telephone** | | | | | |  | | | | | | | | | | | | |
| **Home telephone** | | | | | | | |  | | | | | | | | **Mobile** | |  |
| **Address** | | | | | | |  | | | | **Email** | | |  | | | | |
| **Relationship to child** | | | | | | |  | | | | | | | | | | | |
| ***Contact 2* - Name** | | | | | | |  | | | | | | | | | | | |
| **Daytime/work telephone ……………………………………………………………………………….** | | | | | | | | | | | | | | | | | | |  | |
| **Home telephone ……………………………………………………………………………….** | | | | | | | | | | | | | | | | | | |  | | Mobile |  |
| **Address** | | **………………………………………………………………………………** | | | | | | | | | | | | | | | | | |
| **Relationship to child** | | | | | | | | |

**Persons other than parent(s) authorised to collect the child** *must be over 16 years of age*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Person 1* - Name** | | |  | | |
| **Daytime/work telephone** | | |  | | |
| **Home telephone** | | |  | **Mobile** |  |
| **Address** |  | | | | |
| **Relationship to child** | | |  | | |
| ***Person 2* - Name** | | |  | | |
| **Daytime/work telephone** | | |  | | |
| **Home telephone** | | |  | **Mobile** |  |
| **Address** |  | | | | |
| **Relationship to child** | |  | | | |
| **Password for the collection of child by authorised person** | | | |  | |

**About your child**has your child received the following immunisations? (Please confirm and date)

|  |  |  |  |
| --- | --- | --- | --- |
| **Two months old**  Yes/No *(delete)* | | Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenza type b (Hib). Pneumococcal infection. | DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV) |
| Date: |  |
| **Three months old**  Yes/No *(delete)* | | Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzaa type b (Hib). Meningitis C (meningococcal group C). | DTaP/IPV/Hib and MenC |
| Date: |  |
| **Four months old**  Yes/No *(delete)* | | Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib). Meningitis C (meningococcal group C). Pneumococcal infection. | DTaP/IPV/Hib and MenC and PCV |
| Date: |  |
| **12 months old**  Yes/No *(delete)* | | Haemophilus influenza type b (Hib) and meningitis C. | Hib/MenC |
| Date: |  |
| **13 months old**  Yes/No *(delete)* | | Measles, mumps and rubella (German measles). Pneumococcal infection. | MMR and PCV |
| Date: |  |
| **Three years and**  **four months or**  **soon after**  Yes/No *(delete)* | | Diphtheria, tetanus, pertussis (whooping cough) and polio. Measles, mumps and rubella. | DTaP/IPV (or dTaP/IPV) and MMR |
| Date: |  |
| Has the child’s health record book been seen to confirm immunisation dates? Yes/No *(delete)* | | | |
| **Does your child suffer from any known medical conditions or allergies, or have any special dietary needs or preferences? Yes/No *(delete)***  ***Does your child have any distinguishable marks on their body, i.e birth marks, strawberry marks?***  ***Any trauma/illness during labour/birth or early childhood for example being premature can affect a child’s development. If you feel comfortable please provide details below, in order for us to take this into consideration when accessing your child’s development.***  If so, please provide details: | | | |
|  | | | |
| **Has a risk assessment, if required, been completed? Yes/No *(delete)*** | | | |
| **Has a health care plan and agreement to administer medicine, if required, been completed? Yes/No *(delete)*** | | | |
| **Does your child have any special needs or disabilities? Yes/No *(delete)***  **If so, please provide details:** | | | |
|  | | | |
| **Are any of the following in place for the child?** | | | |
| **Early Years Action Yes/No *(delete)***  **Early Years Action Plus Yes/No *(delete)***  **Statement of special educational need Yes/No *(delete)*** | | | |

|  |  |
| --- | --- |
| **What special support will he/she require in our setting?** | |
|  | |
| **How would you describe your child's ethnicity or cultural background?** | |
|  | |
| **What is the main religion in your family (if applicable)?** |  |

**Details of professionals involved with your child**

***GP***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Telephone** |  |
| **Address** |  | | |
|  | | | |

***Health Visitor (if applicable)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Telephone** |  |
| **Address** |  | | |
|  | | | |

***Social Care Worker (if applicable)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Telephone** |  |
| **Address** |  | | |
|  | | | |
| **What is the reason for the involvement of the social care department with your family?** | | | |
|  | | | |

**NB If the child has a child protection plan, make a note here, but do not include details. Ensure these are obtained from the social care worker named above and keep these securely in the child's file.**

***Any other professional who has regular contact with the child***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name 1** |  | **Role** |  |
| **Agency** |  | **Telephone** |  |
| **Name 2** |  | **Role** |  |
| **Agency** |  | **Telephone** |  |
| **Name 3** |  | **Role** |  |
| **Agency** |  | **Telephone** |  |

**General parental permissions**

***Emergency treatment declaration***

**In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence. In extreme emergencies I give permission for my child to be taken in an ambulance on their own.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |

***Short trip - general outings***

**Your child will be taken out of the setting as part of the daily activities. The venues used are detailed here: Park, sports area/skate park, Magdalen house care home, market, and library or on the grass next to the Pre-school. If we wish to take the children anywhere other than these places stated we will seek additional permission.**

**I give permission for name of child) to take part in short trips general outings. I understand that individual risk assessments are carried out for each type of trip or outing we take and are available for me to see as required. For any major outings, we will inform you and ask for your specific consent. If there are some you would prefer your child didn’t go on please state which one below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Date** |  |

|  |  |  |
| --- | --- | --- |
|  | | |
|  |  |  |

***Photographs***

**As part of the on-going recording of our curriculum and for children’s individual development records, staff regularly take photographs of the children during their play. These photographs are used for display and for your child’s records within the setting. We may also record events and activities on video, we may also like to use any image of your child for training, publicity including Facebook or marketing purposes.**

**I give permission for………………………… to have his/her photo taken for Learning Journeys/marketing purposes.**

**Signed ………………………………………………..Date**

**I give permission for my child …………………………… to be photographed for marketing, for the website and the Parkside facebook page**

**Signed ………………………………………………..Date**

**Please try and apply sun cream before coming into pre-school as we do have the garden open straight away. We will apply sun cream to children at lunch time.**

**If you would like your child to use our nursery sun cream please fill below.**

**I ………………………………………………….. Give permission for ………………………………………….. DOB ………………… to have Morrison’s brand sun cream applied provided by Parkside Pre-School.**

**Sign ………………………………………. Date …………………………….**

**I have read and understood Parkside pre-school’s funding policy.**

**Signed…………………………………………………Date**

**Key persons - Information for parents**

**Each child joining the setting will have a key person appointed to them. It will be the key person’s responsibility to ensure that your child receives the best possible attention whilst in our care and to ensure that their records are kept up-to date.**

**Your child’s key person is your first point of contact for anything you wish to discuss about your child.**

**Your child’s key person will be…………………………………………………**

|  |  |  |
| --- | --- | --- |
| **Signed…………………………………………….Date…………………………………………** |  |  |

**Checklist:**

Please confirm your required sessions.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **8-9am** |  |  |  |  |  |
| **9-12am** |  |  |  |  |  |
| **12-1pm** |  |  |  |  |  |
| **1-3pm** |  |  |  |  |  |
| **3-4pm** |  |  |  |  |  |
| **4-5pm** |  |  |  |  |  |
| **5-6pm** |  |  |  |  |  |

**I have provided pre-school with the following:**

|  |  |
| --- | --- |
| **Document** | **I have provided the original copy for preschool to photocopy** |
| **Birth certificate** |  |
| **Passport (If applicable)** |  |
| **Golden ticket/ number (if applicable)** |  |
| **European ID card (if applicable)** |  |
| **Health care plans (if applicable)** |  |
| **Social care documents (if applicable)** |  |
| **Completed funding form (if applicable)** |  |
| **Completed terms and conditions** |  |
| **Completed “all about me” form** |  |
| **Completed “on entry” form** |  |
| **Completed sun cream form** |  |
| **Completed park permission form** |  |
| **Completed photo permissions form** |  |

**I have received / read a copy of the following:**

|  |  |
| --- | --- |
| **Document** | **Initial / sign** |
| **Admissions policy** |  |
| **Funding policy** |  |
| **Terms and conditions** |  |
| **Parent conduct policy** |  |