 **Playdays Enrolment Form**

**Child Details**

Full Name:

Date of Birth: Gender: Male / Female

Religion: Nationality:

**Details of Parent(s) or Guardian(s)**

Mother’s Name:

Address:

Postcode:

Place of Work:  
(optional)

Contact Numbers:

Father’s Name:

Address:

Postcode:

Place of Work:  
(optional)

Contact Numbers:

Who has parental responsibility for your child:

Contact Email Address (required):

**Alternative Contact Details**

This is just in case we need to contact you during nursery hours and you are unobtainable.

Name:

Relationship  
to Child:

Address:

Postcode:

Home phone:

Mobile/Work:

**Child’s Doctor**

Name:

Address:

Postcode:

Telephone:

**Health Visitor**

Name:

Telephone:

Is your child up to date with   
all the relevant vaccinations? YES NO

**Does your child have any known:**

Health Problems/Conditions YES NO  
Allergies YES NO  
Dietary needs/preferences YES NO  
Special Needs YES NO

If Yes to any of the above, please give details:

Do you have any concerns about your child at the moment? (E.g. health or speech)

Does your child have any distinguishing marks?

Details of Procedures prohibited by religious beliefs:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Does your child have an FSP?** | | | | | **Yes** | **No** |
| Other Agencies Involved: | | | | | | |
| Please tick and give information of other agencies involved | | | Name | Other Information | | |
| Family Support Worker | Yes | No |  |  | | |
| Speech and Language Therapist | Yes | No |  |  | | |
| Occupational Therapist | Yes | No |  |  | | |
| Physiotherapist | Yes | No |  |  | | |
| Sensory Support | Yes | No |  |  | | |
| Portage | Yes | No |  |  | | |
| Paediatrician | Yes | No |  |  | | |
| Social Worker | Yes | No |  |  | | |
| Other – Please give details |  | | | | | |

Does your child attend another setting? YES NO

Name of the setting:

**Names of all people authorised to collect your child from nursery**

(This is of vital importance as we cannot release children to anyone not on this form, unless the parent has notified us specifically in advance. All named persons must be 16 or over.)

|  |  |  |
| --- | --- | --- |
| 1 | Name: |  |
| 2 | Name: |  |
| 3 | Name: |  |
| 4 | Name: |  |

Collection password if required

Is there anybody who is not allowed to pick up/ have contact with your child?

Please state the reason:

**Emergency Treatment**

If I cannot be contacted in an emergency I give permission for my child to be treated by a trained first aider, or for 999 to be called.

Signature of Parent or Guardian

Signed:

Date:

**Permissions**

|  |  |  |
| --- | --- | --- |
| **I give my permission for:** | | |
| The Pre-School to discuss my child’s 2 year review with the health visitor if relevant | Yes | No |
| Photos to be taken for my child’s learning story | Yes | No |
| Photos to be taken for our website | Yes | No |
| My child to be taken on short outings (i.e. library, church, school) – details will always be given before the trip. | Yes | No |
| Staff to apply sun cream | Yes | No |
| Plasters to be administered | Yes | No |

**Early Years Adviser** **Observation Permission**

An Early Years Adviser is a qualified, experienced teacher employed by the local authority who has an expertise of working with children aged 0-5 years. Their role is to support early years settings meet the needs of all children’s learning and development through discussion and/or observation.

I agree and consent to the involvement of an Early Years Adviser who may discuss the learning and development needs of my child.

Childs name:

Parent/Carer signature:   
  
Date:

**Data Protection**

|  |  |  |
| --- | --- | --- |
| I give my permission for data provided about my child to be used solely to enable the setting to provide care and education for my child in partnership with us. The information will only be provided to third parties with our permission. We understand that the data held by the setting will be for specified use only. | Yes | No |
| We understand that it is our responsibility to ensure that the setting has up to date accurate information e.g. contact information, medical needs. | | |
| We understand that the setting will keep this information for 2 years after the child leaves the setting. | | |

**Further Information**

Is there any other information that Playdays Nursery should know about your child?

Can you please tell us how you found out about Playdays?

I have read and understood all that has been requested. I will pay all outstanding fees when my child leaves and realise failure to do so could result in court action. I will give 2 weeks written notice if I wish for my child to stop attending Playdays Nursery.

**Compliance with the Children’s Act 1989**In rare cases when we believe a child is being harmed, we will need to speak to another agency. We would speak to the parent/carer first, unless we feel that the child is in immediate danger. Please see our child protection policy.

**Parent or Guardian’s Signature**

Signed:

Date:

This form is a legal requirement of registration in a day care setting. The information is confidential and will be stored in a secure location on the premises of Playdays Nursery.