



# ENROLMENT FORM HEYHOUSES CHURCH OF ENGLAND NURSERY SCHOOL

## 1 Your Child

Surname \_\_\_\_\_ Male [ ] Female [ ]  
 Forename(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Child's Home Address \_\_\_\_\_  
 Post Code \_\_\_\_\_ Telephone \_\_\_\_\_  
 E-mail (please print) \_\_\_\_\_

## 2 Parent(s)/Legal Guardian(s) (persons who are responsible for the child)

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone \_\_\_\_\_ Telephone \_\_\_\_\_  
 If different from child's If different from child's

## 3 Please tick the sessions preferred (minimum 3 sessions, a session is a morning or afternoon)

### Breakfast Club

Monday  Tuesday  Wednesday  Thursday  Friday

### Sessions:

Monday am  Tuesday am  Wednesday am  Thursday am  Friday am   
 Monday pm  Tuesday pm  Wednesday pm  Thursday pm  Friday pm

### Extended Lunch:

Monday  Tuesday  Wednesday  Thursday  Friday

### After Nursery School:

Monday  Tuesday  Wednesday  Thursday  Friday

**Please note – every effort will be made to reserve your preferred sessions. In the event of those sessions being unavailable alternative sessions will be offered wherever possible.**

**Preferred start date:** (Month & Year) .....

- 4 Does your child require milk at Snack Time: **Yes** [ ] **No** [ ] Allergy/Dislikes (please delete)  
 5 Does your child require a school meal: **Yes** [ ] **No** [ ]

**I/we confirm that the information on this form is accurate and understand that completion of this form does not guarantee admission to Nursery.**

**Signature of Parent/Guardian**

**Date**

**Please could you give details of any difficulties or needs your child has or has had in the past, in order that we can offer the best support when they start nursery. All information will be treated with confidence.**

**Where the answer to any of the questions below is Yes, please provide details.**

1. Has your child received treatment or therapy for difficulties with hearing vision or speech? Yes [ ] No [ ]
  
2. Does your child suffer from allergies, asthma, epilepsy, physical difficulties or any other medical problem? Please give details. Yes [ ] No [ ]
  
3. Has your child had support from Blenheim House? Yes [ ] No [ ]
  
4. Are there any home or family circumstances or other information the Nursery staff should be aware of? Yes [ ] No [ ]
  
5. May information be sought from the required persons eg health visitors. GP as appropriate? Yes [ ] No [ ]
  
- 6 Any additional comments you would like to make.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**When you visit Nursery you will have the opportunity to read our Policies & Procedures, the main ones are included in the Parents Handbook and are available on the website. A copy of the Policies and Procedures are emailed where possible to parents. Would you please sign below to say that you accept them. If you would like further information please speak to a member of staff.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please inform Nursery of any change in your circumstances**

**We will only use your and your child's personal information to provide a childcare service to you. We would like to keep sending you information about your child and our nursery by e-mail, phone or letter but we need to be sure we have your permission to do so. We keep your information so you can receive important updates about your child and nursery. We will keep your information secure and will never share it except if required to do so by law.**

- **By ticking this box, you are consenting to us continuing to hold and process your data and send you information**

- **At any time you can ask us not to contact you by email/phone/letter**

## EMERGENCY CONTACTS

Please complete the following details and **sign each section below**

**CHILD'S NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_

Name of first contact \_\_\_\_\_

Relationship to child/family \_\_\_\_\_

Home telephone/address \_\_\_\_\_

Work telephone/address \_\_\_\_\_

Name second contact \_\_\_\_\_

Relationship to child/family \_\_\_\_\_

Home telephone/address \_\_\_\_\_

Work telephone/address \_\_\_\_\_

Name third contact \_\_\_\_\_

Relationship to child/family \_\_\_\_\_

Home telephone/address \_\_\_\_\_

Work telephone/address \_\_\_\_\_

**I give permission for all of the above Emergency Contacts to sign for my child in the event of an emergency**

SIGNED \_\_\_\_\_ (Parent/Guardian)

### MEDICAL EMERGENCY

Please give the name address and telephone number of the family GP:

Name Dr \_\_\_\_\_ Address \_\_\_\_\_ Tel \_\_\_\_\_

***This is to give permission to the Staff of Heyhouses Nursery to take whatever action is deemed necessary in a medical emergency.***

**PERMISSION TO APPLY PLASTERS:** YES  NO  (please select) SIGNED \_\_\_\_\_

**PERMISSION TO APPLY SUNCREAM:** YES  NO  (please select) SIGNED \_\_\_\_\_

### PERMISSION FOR SUPERVISED WALKS

**I do/do not** (please delete as appropriate) agree to my child being taken for supervised walks from Heyhouses Nursery, e.g., to the church, infant department, etc.

SIGNED \_\_\_\_\_ (Parent/Guardian)

### PHOTOGRAPHS/VIDEOS

**I do/do not** (please delete as appropriate) agree for my child to have their photograph taken and displayed in Nursery or sent to the newspaper. I do/do not agree for my child to be videoed during sports day, nativity or other such events.

SIGNED \_\_\_\_\_ (Parent/Guardian)

**We will only use the Emergency Contact information to provide a safe & secure childcare service for your child. We may need to contact you or your other contacts in an emergency but we need to be sure we have your permission to do so. We keep additional emergency contact information in case of emergencies. We will keep your information secure and will never share it except if required to do so by law.**

- **By ticking this box, you are consenting to us continuing to hold and process your data and send you information**
- **At any time you can ask us not to contact you by email/phone/letter**