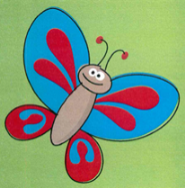
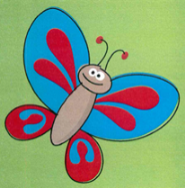
**Little Deanies Nursery**

**Enrolment Form**

**Child’s details**

|  |  |
| --- | --- |
| **Surname:** | **First name:** |
| **Preferred name:** | **Date of birth:** |
| **Address:** | **Home telephone:** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Postcode:** | **Gender:** |
|  |  |
|  |  |
|  |  |
| **Ethnic Origin:** |  |
|  |  |
| **Parent/Guardian 1**  **Name:** |  |
| **Address:** | **Home Telephone:** |
|  |  |
|  | **Mobile:** |
|  |  |
|  | **Work:** |
| **Postcode:** |  |
|  | **Email address:** |
|  | **Occupation:** |
|  |  |
|  | **Place of work:** |
| **Does this parent have parental responsibility? Yes/No** | |
| **Parent/ Guardian 2**  **Name:** |  |
| **Address: (if different from above)** | **Home Telephone:** |
|  |  |
|  | **Mobile:** |
|  |  |
|  | **Work:** |
| **Postcode:** |  |
|  | **Email address:** |
|  | **Occupation:** |
|  |  |
|  |  |
|  | **Place of work:** |
| **Does this parent have parental responsibility? Yes/No** | |
| **Emergency Contact details: (Please provide two additional contacts for your child, these *must* be different from those listed above)** | |
|  |  |
| **Name:** | **Contact number:** |
|  |  |
| **Relationship to child:** |  |
|  |  |
|  |  |
| **Name:** | **Contact number:** |
|  |  |
| **Relationship to child:** |  |
| **Security Password (To be used by persons not ordinarily collecting child):** |  |
| **Health Details** |  |
| **Name of Registered GP:** | **Address:** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Telephone Number:** |  |
|  |  |
| **Name of Registered Dentist:** | **Address:** |
|  |  |
|  |  |
|  |  |
|  |  |
| **Telephone Number:** |  |
|  |  |
| **Name of Health Visitor**  **Telephone Number:** | **Address:** |
|  | |
|  |  |
| **Does your child have any special health requirements? Yes/No**  **Please provide details:** | |
| **Does your child have any known allergies? Yes/No**  **Please provide details:** | |
| **Does your child have any special dietary requirements? Yes/No**  **Please provide details:** | |
| **Has a Health Visitor 2 year check been completed? Yes/No**  **Were any concerns noted? Yes/No If yes provide details below:** | |
| **Are any other professionals involved with your child or family? Yes/No**  **(E.G. Social worker, paediatrician speech and language**  **If your child will be using the 30 hour childcare grant please provide details of:**  **Eligibility code: National Insurance Number:**  **Where did you hear about Little Deanies?**  **By word**  **Leaflet**  **Poster**  **From a family/ friend**  **Other……………………………………………………………………………………………** | |

Signature of parent/guardian(s)…………………………………………………………

Name(s)………………………………………………………………………...

**Permissions:**

**Please tick to confirm agreement (Please contact the nursery supervisor if you have any concern)**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* I agree to photographs being taken of my child
* I agree to photographs of my child being used in displays in the setting.
* I agree to photographs of my child being used on the Dean Gibson School Website/School Facebook site
* I agree to my child taking part in short trips, in the immediate local area.
* I agree to observations and developmental records being made of my child via the Tapestry Learning Journey System
* I agree to staff members applying suncream to my child, this will be provided from home.
* I agree to staff members applying Sudocream or an alternative nappy cream should my child require it.
* I agree to Little Deanies Nursery may work with other professionals and share information regarding my child’s wellbeing and development. These professionals may include other childcare providers, schools, support teachers and health visitors.
* I agree to my child accessing the club's computer/iPad and internet facilities, with supervision from club practitioners. I understand that all internet sites will be suitable for the age range of the children in the room.

Parent Name(s)……………………………………………………………………………………..

Signature(s)………………………………………………………………………………………….



**What to bring to Nursery**

Please ensure your child has the following items each time they attend nursery. All items can remain in the cloakroom, on your child’s peg, in a named bag.

* Wellies.
* Indoor shoes (if traveling to school wearing wellies)
* A full change of clothes
* Packed lunch if required (snacks will be provided)
* A named water bottle
* A sunhat and suncream if the weather is good.
* A winter hat and gloves in winter months

Please can all items be named for easy identification.