

Enrolment Form

About your child

Child's First Name	Child's Middle Name	Child's Last Name
Child's Legal Name (if different)		
Boy/ Girl	Date Of Birth	Collection Password
Ethnic Origin	Religion	First Language

Mother's Name	Father's Name
Parents/Guardians preferred 'known as' name	Legal Responsibility

Home Address:	Billing Address if different:
Post Code:	Post Code:
Home Phone Number:	Email Address:

Who to contact in an emergency & Relationship to child

1 st person's name and relationship to child	2 nd person's name and relationship to child
1 st person's occupation	2 nd person's occupation
1 st person's work place & hours of work	2 nd person's work place & hours of work
1 st person's work phone number	2 nd person's work phone number
1 st person's mobile	2 nd person's mobile

3 rd person's name	4 th person's name
Relationship to child	Relationship to child
Work/Home Number	Work/Home number
Mobile number	Mobile number

(It is assumed that any of the above named persons will be allowed to collect your child unless stated)

Names of any other people authorised to collect your child from nursery

Health

Doctor's name, surgery and number

Health/ Social Visitor's name and number

Illnesses (please tick as appropriate)

Chicken Pox	Measles	Mumps	Rubella/G.Measles	W/ Cough	Scarlet Fever	Convulsions/Fits
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Immunisations (please tick as appropriate)

Measles	Mumps	Rubella	MMR	HIB	Polio	Tetanus	Diphtheria	Men C	W/cough	Pr'coccal
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Details of any allergies or special needs

Any special equipment or access

Any other special care, allergy, medical or dietary information that the nursery will need to be aware of.

Medical procedures against the child's religion

Dietary requirements (including preferred drink i.e. milk, water, juice)

Any other information

Allowed the following permissions without having to contact you first. (Please tick as appropriate).

Minor first aid -plasters	Outings	Sun cream	Teething gel	Nappy cream	Photographs	Face Paint
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(For any further prescribed medicines etc, you will be asked to sign a separate consent form for each request)

Session Details

Please tick or highlight your preferred sessions

Day/Session	8.00-9.30 (Pre-school)	9.30-12.00 (Morning)	12.00-1.00 (Lunch)	1.00-3.30 (Afternoon)	3.30-5.45 (Afterschool)
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Preferred Start Date:

Application

I wish to apply for the admission of the above child to Small World Nursery. I have read the prospectus and agree to comply with the policies, plus any updated information when necessary.

I give permission for my child to be taken on a walk to the park/library or town with the nursery practitioners (ratios will always be maintained).

I give permission for my child to be taken to hospital in an emergency.

I give permission for my child's records to be passed onto the next provider when he/she leaves.

Please Sign	Please print name	Please date
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Please send completed forms to: Small World Nursery, Schofield Centre, Greenclose Lane, Loughborough, Leicestershire. LE115AS

Agreed Session Details

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Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

For office use
Start date agreed