



Enrolment Form

Child's details

First name _____

Middle name(s) _____

Last name _____

Date of birth _____

Home Address _____
_____ Postcode _____

Start date _____

Password (for safeguarding purposes please choose a password for others who may collect you child) _____

Religion _____

Details of any educational needs/disabilities _____

How did you hear about Longscroft Children's Nursery School? _____

About Your Family

Parent/Carer

Relationship to child _____

Title _____

First name _____

Surname _____

Home address _____
_____ Postcode _____

Email address _____

Home telephone number _____

Mobile telephone number _____

Work telephone number & Email _____

Hours worked _____

Responsibilities (tick all that apply) Parental responsibility Payment of fees

Collecting child from nursery Emergency contact



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Parent/Carer

Relationship to child _____
Title _____
First name _____
Surname _____
Home address _____
_____ Postcode _____
Email address _____
Home telephone number _____
Mobile telephone number _____
Work telephone number _____
Work address _____
Work hours _____
Work telephone & Email _____
Responsibilities (tick all that apply) Parental responsibility Payment of fees
Collecting child from nursery Emergency contact

Is your child/family known to Social Services or have an assigned social worker? (please state)

Who has legal responsibility for the child? _____

Emergency contact details – different from the above

Contact One

Title _____
First name _____
Surname _____
Relationship to child _____
Password _____
Address _____
_____ Postcode _____
Telephone number _____
Mobile number _____
Responsibilities (tick all that apply) Collecting child from nursery Contact in emergency

Medical Details

Does your child have any allergies? Y/N
Please give details of cause,
reaction, and medication _____

Does your child have any special
dietary requirements Y/N



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Please give details

Has your child had the following immunisations? Please tick and give date.

BCG	Diphtheria	HIB	MMR
Meningitis C	Poliomyelitis	Tetanus	Whooping Cough

Any other immunisations?

Doctor's details

Name of GP

Name of Surgery

Address of surgery

 Postcode

Telephone number

Name of Health Visitor

Address

Telephone number

Other agency details

Address

Telephone number

Any other details we should know about?



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Are you claiming funded hours at another setting? Y/N

If so, name of other setting _____

Hours claimed _____

Hours and Days required (please tick)

	8am -12.45pm	1.15pm-6pm	9am-3pm	8am-6pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Funding hours (including 30hr funding)

	9am-12.45pm	1.15pm-5pm	9am-4.30pm	8am-6pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Any hours taken additional to funded hours or outside of our funded sessions will be charged at our hourly rate.

To ensure we are in line with the new data protection standards (May 2018), we will only use your (including your child's) personal information to provide a childcare service to you. We'd like to be able to send you information about your child/our nursery (as relevant) by email/Facebook/phone/other, but we need to be sure we have your permission to do so. We keep your information, so you can receive important update about your child/our nursery. We will keep your information secure and will never share it except if required to do so by law, welfare needs or with prior consent from yourselves.

Please sign below to consent to us continuing to hold and process your data and sending you relevant information.

Signed:

Print:

Date: