

BURMANTOFTS COMMUNITY NURSERY-ENROLMENT FORM

If you need any help completing this form please speak to the Nursery Manager or staff

All information will be treated in the strictest of confidence.

If any information you gave changes at any time then please notify the Nursery Manager.

CHILD'S DETAILS

Childs Name: Male / Female

Childs NHS Number: Date of Birth:

DETAILS OF PARENT/CARER (MUM)

Name of Parent/Carer: Date of birth

Home Address: Relationship to child:

Home Number:

Postcode: Mobile Number:

Place of Work/Training & Address: Work Number

National insurance number: Personal Email:

(Once nurseries OFSTED registration number has been issued, BCN reserve the right to routinely pass your information on to HMRC)

DETAILS OF PARENT/CARER (DAD)

Name of Parent/Carer: Date of birth

Home Address: Relationship to child:

Home Number:

Postcode: Mobile Number:

Place of Work/Training & Address: Work Number

National insurance number: Personal Email:

(Once nurseries OFSTED registration number has been issued, BCN reserve the right to routinely pass your information on to HMRC)

DETAILS OF THIRD CARER (relative, friend ...)

Name: Date of birth

Home Address: Relationship to child:

Mobile Number:

Postcode: Home Tel. Number:

Place of Work/Training & Address: Tel. Number:

FAMILY RELIGION

- Please state your child's religion _____
- Please state your child's ethnic background _____
- Please state the name of your home country/town _____
- Do you make regular trips home? YES / NO
- What languages are spoken at home? _____
- Does your child understand English? YES / NO
- Does your child speak English? YES / NO

IMMUNISATIONS (please tick)

1 st Triple		MMR	
2 nd Triple		Preschool Booster	
3 rd Triple		Don't Know	

Please give details of any health problems or allergies which your child suffers from:

Does your child have any regular medication? (if 'yes' please give details)

Does your child have any dietary requirements including food which cannot be eaten for medical or religious reasons?

I am willing for my child to receive emergency treatment in an emergency situation: YES / NO
(If no please state wishes and the reasons behind these e.g. cultural or religious)

HEALTH

Name of Child's Doctor & Address: _____ Tel. Number _____

Name of Health Visitor & Address: _____ Tel Number _____

Has your child had their 2 year old check with the Health Visitor? YES / NO

Can we contact your Health Visitor for any information required by the nursery? YES / NO

Is your family involved with any other agencies? YES / NO
ie speech and language, dietician, social care etc

EMERGENCY STATEMENT.

Should your child become ill or have an accident at nursery, every effort will be made to contact one of the above named people. If no contact can be made nursery reserves the right to take your child to the doctors or hospital in an emergency.

Do we need to know of any personal/religious beliefs that will effect treatment that could be given?

NURSERY EDUCATION GRANT

Does your child attend any other day care provider, If so where? YES / NO

Do they access the nursery education grant at the other provider YES / NO

PUBLICITY

I agree to publicity materials and photographs being used in the following ways:

• Nursery published materials i.e. web page, news letters, reports, leaflets YES / NO

• Press releases which are local and national YES / NO

OUTINGS

• I am willing for my child to participate in local outings from the Nursery: YES / NO
i.e. local park, shops, schools, post box, nursing home

NURSERY DAYS

Requested starting date for your child _____ / _____ / _____

NOTE - You will be charged nursery fees from the start date agreed with the Nursery Manager.

COLLECTION INFORMATION:

Information of people you have given responsibility to, either drop off or collect from nursery are:- OTHER THAN THE PARENTS

Name of who has been given responsibility	Relationship to the parent	Contact Number	Date added to this list	Parent consent signature
Example: FRED	FRIEND OF MUM	123456789	12/12/12	

PARENTAL RESPONSIBILITY

Please sign below to show you have parental responsibility to the named child on this form and that you agree to all the information which you have included on this form. It is a legal requirement that you state who else, if anyone has parental responsibility for the said child.

The following information helps you understand the meaning of parental responsibility:

- Both parents have parental responsibility if they were married when the child was born.
- If the parents are not married but both names are on the child's birth certificate then both parents again have parental responsibility.

- If the parents were not married when the child was born and only mums name is on the birth certificate then parental responsibility lays with her only
- If a parent has legally adopted the child or have claimed residence with the family then they have parental responsibility, (legal papers should be produced to prove this).
- If other organisations are involved with a family then parental responsibility may also be put with them, (legal papers should be produced to prove this).

NOTE: where parents have parental responsibility and in unexceptional circumstances a relationship should break down. Then both parents will maintain parental responsibility and still be able to collect the child from nursery.

Only if legal court papers can be produced stating that one parent can not collect their child will they be turned away from nursery. If this was the case then the other parent will be contacted immediately.

First parent/carers signature with parental responsibility.	Date
Second parent/carers signature with parental responsibility.	Date
Third carer's signature with parental responsibility.	Date

SIGNATURES

Parent Signature _____ Date _____

Signature of staff who has checked the form _____ Date _____

STAFF INFORMATION

Have staff seen a copy of the child's Birth certificate and clarified the details are correct. YES/NO signature of staff who checked details _____

Have you given a copy of the BCN information leaflet with a brief explanation of its contents. YES/NO

Have you given a copy of the 2 year old check leaflet YES/NO

Have you given them a copy of the EYFS parents guide with a brief explanation YES/NO

Have you arranged the follow up visits or stay and play sessions YES/NO