

Child Enrolment Form

(Please Complete this Form in Block Capital Letters)



Child's Details:

UID:

Surname: _____ First Name _____

D.o.B: _____ Gender: Boy \ Girl

Home Address: _____

_____ Post Code: _____

Home Telephone: _____

Attach Child's
Photograph Here.

Parent's Details:

Mother's Name: _____

Telephone

Mobile: _____ Work: _____

Home: _____ Password: _____

E-Mail: _____

Attach Mother's
Photograph Here.

Father's Name: _____

Telephone

Mobile: _____ Work: _____

Home: _____ Password: _____

E-Mail: _____

Attach Father's
Photograph Here.

Additional Contacts

UID:

Contact Name: _____

Telephone

Mobile: _____ Work: _____

Home: _____ Allowed to Pick-up Child: **Yes/ No**

Signed: _____ Date: _____

Attach
Photograph Here.

Contact Name: _____

Telephone

Mobile: _____ Work: _____

Home: _____ Allowed to Pick-up Child: **Yes/ No**

Signed: _____ Date: _____

Attach
Photograph Here.

Contact Name: _____

Telephone

Mobile: _____ Work: _____

Home: _____ Allowed to Pick-up Child: **Yes/ No**

Signed: _____ Date: _____

Attach
Photograph Here.

Contact Name: _____

Telephone

Mobile: _____ Work: _____

Home: _____ Allowed to Pick-up Child: **Yes/ No**

Signed: _____ Date: _____

Attach
Photograph Here.

Photographs are required of everyone who can collect the child

Health Form

UID: _____

Doctor's Detail

Health Clinic: _____ Telephone Number: _____

G.P's Name: _____ Health Visitor's Name: _____

Address: _____

Post Code: _____

Vaccination

Has the child been fully vaccinated against:

Diphtheria Whooping Cough Tetanus Polio MMR Hib Meningitis

Allergy

Symptoms

1.	
2.	
3.	

Dietary Requirements

Details (e.g. Religion)

1.	
2.	

Medical Condition

Additional Information

Additional Information

About Your Child

UID: _____

Personal Detail

Ethnicity _____ Religion _____

Does Your Child have any additional brothers or Sisters? **YES / NO**

If YES what are their names and ages?

Name	Relationship	Age

Are there any pets at home? **YES / NO**

If YES what are their names and what are they?

Pets Name	Species

What Language is spoken at home: _____

Does Your Child have any Speech, Vision or Hearing Problems? **YES / NO**

If YES what support do they need?

Does Your Child have any Sounds or Gestures to indicate their needs? **YES / NO**

If YES what are they?

Does Your Child have any disability we should be aware of? **YES / NO**

If YES what are they?

About Your Child

UID:

Additional Information

Please use this area to tell us about any other important information with respect to the Care of your Child. You can also use this sheet to elaborate further on information that was highlighted earlier.

Parental Consent Form for _____(name of child)

First Aid & Emergency Treatment (delete as appropriate)

I **DO / DO NOT** give permission for my child to receive First Aid treatment at the Nursery by a qualified member of staff in an emergency.

I **DO / DO NOT** give my permission to the Nursery to seek medical assistance / treatment in emergencies.

Signature: _____ Print Name: _____ Date: _____

Local Outings (delete as appropriate)

I **DO / DO NOT** give my permission to take my child to local outings while my child is at the Nursery, and it does not involve travelling in a Motor Vehicle.

Signature: _____ Print Name: _____ Date: _____

Observation (delete as appropriate)

I **DO / DO NOT** give my permission for Staff at Rainbow Smiles to make Observations & Notes of my child for the purpose of plan activities, and in order to monitor the development of my Child.

Signature: _____ Print Name: _____ Date: _____

Photographs (delete as appropriate)

I **DO / DO NOT** give my permission for Staff at Rainbow Smiles to take photographs of my Child in order to monitor the development of the Child.

I **DO / DO NOT** give my permission for Staff at Rainbow Smiles to take photographs of my Child for use within the Nursery.

I **DO / DO NOT** give my permission for Rainbow Smiles to take photographs of my Child in order to monitor the development of the Child, and also allow Rainbow Smiles to display any suitable photographs within their own promotional material.

Signature: _____ Print Name: _____ Date: _____

Creams & Baby Wipes (delete as appropriate)

I **DO / DO NOT** give my permission for Staff at Rainbow Smiles to apply Sun Cream to my Child to protect my Child from the Sun.

I **DO / DO NOT** give my permission for Staff at Rainbow Smiles to use Baby Wipes on my Child . I **DO / DO NOT** give permission for the Staff at Rainbow Smiles to apply Nappy Barrier Cream, when changing my Child's Nappy.

Signature: _____ Print Name: _____ Date: _____

For Office Use Only

Personal Details

Surname: _____ First Name: _____

Unique ID: _____ Start Date: _____

D.o.B: _____

Attendance Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Mornings					
Afternoon					

Assigned Key-Worker

	Name	Room
Key Worker		
Key Worker		
Key Worker		
Key Worker		
Key Worker		

Financial Details

	Yes/ No	Amount Paid	Date Paid
Registration Fee			
Deposit			

Fees

	Gross Monthly Sum	Allowances	Net Monthly Sum	Payment Method
Fees -Year				
Fees - Year				
Fees - Year				
Fees -Year				
Fees -Year				