



Nursery Enrolment Form

Full Name of Child (as stated on birth certificate)..... **DOB**/...../.....

Child's Religion:

Child's Ethnicity:

Language spoken:

Parent/Carer 1 Details

Parent/Carer 2 details

Name.....

Name.....

Relationship to child:

Relationship to child:

Address (if different to above)

Address (if different to above)

Place of work

Place of work

Contact numbers:

Contact Numbers:

Mobile.....

Mobile.....

Work.....

Work.....

Home.....

Home.....

Email

Email.....

Who has legal contact with the child and who has parental responsibility?

.....

Which of these parents or carers does the child normally live with?

.....

Emergency contact Details (please ensure this is somebody other than parent/carer 1 or 2)

Name.....

Relationship to child:

Contact Details:

Mobile.....

Work.....

Home.....

Please Note: we will only use these details in an emergency when we are unable to contact parent/carer 1 or 2

Health visitor name and contact.....

Doctors name and contact

Has your child had their 2 year old check?

Health and medical conditions

.....

Are your child's immunisations up to date?

Does your child have any special dietary requirements, preferences or food allergies?

.....

.....

Does your child have any other non food allergies? *(please give details including symptoms and last time he/she had a reaction)*

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Names of people authorised to collect your child and relationship to them

1.....Contact number

2.....Contact number

Any other relevant information

.....

Please create a password for your child; A password and form of ID will be required if somebody who has not collected before is coming to pick your child up, details of this can be found in our policies and procedures

PASSWORD:

I give my consent for Greenfields House to seek any necessary emergency medical advice or treatment in the future for my child.

I have read and understood the policies and procedures and know information can be found on the Greenfields nursery website.

Parent / carer signature.....**Print name**.....

Date/...../.....

Office information

Registration fee paid *YES* *NO* *Signed*.....

Birth Certificate Number: *Date it was seen:* *Evidence seen by:*

Signed

Free Early Education /FEET completed if applicable *YES* *NO*

Any other information?