



**Attach
photo here**

Nursery Enrolment Form

Please tick sessions your child has been allocated

Monday	Morning		Afternoon	
Tuesday	Morning		Afternoon	
Wednesday	Morning		Afternoon	
Thursday	Morning		Afternoon	
Friday	Morning		Afternoon	

Full Name of Child: **DOB** .../.../.....

Evidence of DOB seen: Birth certificate number -----Date it was seen-----

Evidence checked by-----

Names of parents / carers and relationship to the child

.....
.....

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

.....
.....

Full address of every parent/ carer:

.....
.....
.....

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

.....

Emergency contact number of the parents /carers *(please provide at least two numbers for each parent/ carer stating the name of the parent/carers and their contact number, who will be called if we cannot contact parents)*

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Parent email address.....

Religion / family customs and beliefs

.....

Ethnicity/ Language spoken.....

Health visitor name and contact.....

Has your child had their 2 year old check?

Health and medical conditions

.....

Are your child's immunisations up to date?

Doctors name and contact

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

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.....

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

3.....Contact number

Any other relevant information

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I give my consent for Greenfields 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 website.

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

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

Please create a password for your child; a password may be asked for when you have authorised another adult to pick up your child -----