

La Maternelle Enrolment Form



Child's Details

Child's Name..... Known as..... D.O.B: / /
Address.....
.....
Post code.....
Home Telephone Number (including area code).....
School Attending/due to attend..... School Start Date (if applicable).....

Details of parents/parent the child lives with

Name (1)..... Does this person have parental responsibility Yes / No
Name (2)..... Does this person have parental responsibility Yes / No
Address.....
Telephone Number..... Mobile..... Email address.....

Detail of parent child does not live with (if applicable)

Name..... Does this person have parental responsibility Yes / No
Address.....
Telephone Number..... Mobile Contact..... Email address.....
Does this parent have legal access to the child? Yes / No

Emergency Contact Details

Parent 1 work/daytime contact.....
Parent 2 work/daytime contact.....

Emergency Contact if parents are unavailable

Name..... Relationship to child.....
Telephone Number..... Mobile.....
Name..... Relationship to child.....
Telephone Number..... Mobile.....

Name of other people with permission to collect your child/children (must be over 16yrs old)

Name..... Relationship to child.....
Telephone Number..... Mobile.....
Name..... Relationship to child.....
Telephone Number..... Mobile.....
Please choose a security password (used in emergency if a person collecting a child is unknown to the setting).....

Child's Personal Details

Medical Information

Doctor..... Address.....

Telephone Number.....

Details of Immunisations (tick if administered)

Diphtheria {} Tetanus {} Pre-School booster {} Measles {} Mumps {}
H.I.B {} Meningitis {} Whooping Cough {} Rubella {} Polio {} **or tick here if all up to date ()**

Details of any allergies

Medical problems

Medication Requirements

Dietary Requirements

What language is spoken at home?.....
 What is the main religion of your family?.....
 How would you describe your child's ethnicity?

Does your child have any Special Educational Needs (eg speech, behavioural) or disabilities Yes/No
 (If yes we will contact you to discuss in further detail to ensure he/she is fully supported in the setting)
Brief description of needs or support systems in place already

Please name any professionals involved with your child for example health visitor, speech & language therapist, social care worker

Name	Agency	Telephone
Name	Agency	Telephone
Name	Agency	Telephone

If you have a social care worker please briefly detail their involvement. If your child has a care protection plan make a note here but do not include details.....

Other Childcare Arrangements
 Does your child attend any other setting for childcare (eg nursery, child minder) Yes/No
 Name of provider.....
 Address.....
 Telephone number.....
 Attendance (days & hours).....

I declare that all information on this form is correct. Signed..... Date..... (Parent/Guardian)

Please note there is a non-refundable registration fee of £10.00 per place for out of school care and £25.00 for nursery which should be returned with this completed form to the club/nursery or to our office address. A deposit of £50 is required to secure a NURSERY PLACE which is refunded from your first invoice. Please note all information is confidential.

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