

La Maternelle Enrolment Form

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

Child's Personal Details

Parent/Guardian's Name (1).....
Daytime/Work Address.....
Work Telephone Number.....
Mobile Contact..... Email address.....

Parent/Guardian's Name (2).....
Daytime/Work Address.....
Work Telephone Number.....
Mobile Contact..... Email address.....

Emergency Contact if parents are unavailable

Name.....
Address.....
Relationship..... Telephone Number.....

Name of other people with permission to collect your child/children from the club.
.....

Details of Immunisations (tick or cross as appropriate)

Diphtheria { } Tetanus { } Pre-School booster { } Measles { } Mumps { }
H.I.B { } Meningitis { } Whooping Cough { } Rubella { } Polio { }

Details of illness, allergies or food preferences.....
Doctor..... Address..... Telephone Number.....

I give my permission for the regular staff at La Maternelle to give emergency first aid to my child and the seeking of any emergency medical advice or treatment now and at any time in the future. Yes { } No { } (please tick)

I give my permission for the regular staff at La Maternelle to help apply sun cream to my child when appropriate and if for any reason my child did not have sun cream I give permission for the regular staff of La Maternelle to apply Amber Solaire sun cream to my child. Yes { } No { } (please tick)

I give my permission for my child to go on local accompanied walks with La Maternelle staff. Details of all other trips involving transport will be sent separately. Yes { } No { } (please tick)

I consent to my child being photographed and named for features in the local newspaper, for our website, for display purposes and being photographed/videoed by fellow parents during whole group occasions e.g. Christmas performance, sports day Yes { } No { } (please tick)

I consent for the regular staff at La Maternelle to discuss my child and send information relating to my child's development to the school they are due to attend to enhance their transition to school. Yes { } No { } (please tick)

I understand that the staff at La Maternelle are trained in Child Protection and according to Child Protection regulations will report any signs of child abuse to the child protection co-coordinator at la Maternelle who will in turn report any findings to social services. { } (please tick)

I agree to my children in Out of School Care occasionally watching a P.G films, monitored by the staff Yes { } No { } (please tick)

I declare that all information on this form is correct. Signed..... (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. Please note all information is confidential.

<u>For Staff/Office Use Only</u>	<u>Nursery Only</u>
Enrolment form fully completed, signed and copy sent to office { }	Date funding commences.....
Contract signed & dated { }	
Enrolment fee paid { }	
Consent forms signed where appropriate { }	
Session reservation form completed, signed and copy sent to the office { }	

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