**Enrolment form**

Please ensure that you give as much detail about your child as possible, if you would prefer to fill in the form in discussion with us, then please ask – it won’t be a problem!

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| Child’s full name | | Child’s date of birth: | |
| Child’s known name (if different to above) | | | |
| Is your child’s home language English?  If not, what is their home language? | | | |
| Family address:  Postcode: | | Contact numbers during sessions:  Email Address:  Are you happy for us to also send you letters and newsletters by email? YES / NO | |
| Name of Parents / Carers with whom the child normally lives:  Do all the above have parental responsibility for the child? YES / NO | | | |
| Any other adults with parental responsibility / rights with whom the child does not live? YES / NO  Details:  Name:  Email address: Gosforth Preschool *will make contact via email to invite participation in learning and development records and discussion. Records of emails will be attached to this enrolment form.*  Relationship to child?  Is this person an emergency contact? YES / NO  What is their phone number? Gosforth Preschool *will make contact via email to confirm agreement for emergency contact. Records of emails will be attached to this enrolment form.*  Password for collection of child by adult unfamiliar to Nursery staff:……………………………………. | | | |
| Please provide details of two people who can collect and have your authority to act in an emergency for your child:  Name:  Contact number:  Relationship to child:  *“I am happy for Gosforth Preschool to contact me in the event of an emergency concerning …………………………………………………”*  *Signed:*  Name:  Contact number:  Relationship to child:  *“I am happy for Gosforth Preschool to contact me in the event of an emergency concerning ……………………………………………………”*  *Signed:*  *Please ensure that you tell any additional adults that you have given us their contact details so that we can contact them if we are unable to speak to you if your child is unwell, has an accident or is uncollected at the end of the session. If they have any questions or queries regarding this, please direct them to contact Gosforth Preschool on 01246 298184. Thank you.*  In the event that no one can be contacted, in an emergenc,y the Preschool Manager will allow other trained professionals to make decisions in the best interest of your child (e.g. medical staff) | | | |
| Child’s doctor:  Surgery name, address and telephone number:  Child’s Health visitor:  Telephone number: | | | |
| My child has had the following immunisations, please tick all those that are relevant | | | |
| Diphtheria | HIB | Measles (separate vaccine) | Mumps (separate vaccine) |
| Rubella (separate vaccine) | Meningitis C | MMR | Polio |
| Tetanus | Whooping Cough (Pertussis) | Other (please specify) | Other (please specify) |
| My child has had the following childhood illnesses / diseases, please tick all those that are relevant | | | |
| Chicken Pox | Measles | Mumps | Hand, foot and mouth |
| Impetigo | Other (please specify) | Other (please specify) | Other (please specify) |
| Has your child any medical condition we should be aware of? (Asthma, eczema etc.) YES / NO  Details:  Do nursery staff need any special training to be able to accommodate your child’s medical needs? YES / NO  Details: | | | |
| Has your child any allergies or food intolerances? YES / NO  Details:  If yes, how does your child react to these? (So that we know the symptoms to look for in cases of emergency) | | | |
| Dietary **PREFERENCES**, please tick all those that are relevant | | | |
| My child is a vegetarian | My child is a vegan | My child does not eat pork | My child eats fish but not meat |
| Is there any other dietary information that we need to know? YES / NO  Details: | | | |
| Does your child have any other diagnosed special needs and / or need any additional support? YES / NO  Details: | | | |
| Are there any other professionals involved with your child? E.g. speech therapy or paediatrician? YES / NO  Details:  Name:  Contact details: | | | |
| Will your child be attending any other childcare setting as well as Gosforth Preschool  e.g. another Nursery, a child minder or a Nanny? YES / NO  Details:  Name of setting:  Contact details  Name of Key person: | | | |
| Has your child previously attended a childcare setting? YES / NO  Details:  Name of setting: | | | |
| If you are applying for education funding, please provide the following details:   * A copy of your child’s birth certificate or passport to confirm their age * Your 30-hour funding confirmation code to enable us to apply for the funding on your behalf | | | |
| **Permissions**  Are you happy for us to use your email address to add you as a user on Tapestry? YES / NO  Are you happy for us to use your email address to add you as a user on Parentpay? YES / NO  Are there any other adults who would like to be added as users to your child’s Tapestry account?  YES / NO  Details:  Name:  Email address:  Gosforth Preschool will contact via email to invite participation in Learning and Development records  I understand that there are photographs of my child in support of their learning and development that will be stored on Tapestry YES / NO  I am happy that there may be photographs of my child which are seen by adults associated with Gosforth Preschool in the context of celebrating the setting or tracking learning and development YES / NO  I give consent for photographs to be taken of my child for display and / or record keeping purposes? (Photographs will be kept in Preschool ) YES / NO  I give consent for photographs that I approve individually to be taken of my child for the Nursery website. YES / NO  I give consent for staff and other agencies such as Area SENCo and Health Visitors to carry out and record observations of my child, for the purpose of developmental assessment:  YES / NO  I give permission for my child to be taken off site for short walks or to the park as part of Nursery activities. YES / NO  I give permission for the Nursery to apply sun cream to my child. YES / NO  I give permission for nursery staff to put a hypoallergenic plaster onto a minor wound if necessary to keep a wound clean. YES / NO  I give permission for the Nursery to act in the best interests of my child in the event of a medical emergency: YES / NO | | | |
| I wish to enrol my child at Gosforth Preschool starting from…………………………….. .  I understand that Gosforth Preschool uses Tapestry to track children’s learning and development. I understand that staff will share EYFS profile data with Derbyshire County Council. I understand that staff will raise safeguarding concerns with the Local Safeguarding Children Board. I understand that staff might decide to do this without my knowledge if they were sufficiently concerned about my child.  Signed: Date:  Name of parent enrolling child  Child’s name | | | |