

For Office Use Only

Tax Free Childcare Reference Number:

Grid for Tax Free Childcare Reference Number

30 hours Reference Number (eg starting with 5000xxxxxx):

Grid for 30 hours Reference Number

Reconfirmation of eligibility date added onto Connect

Enrolment form



Nursery

CHILD'S DETAILS

First Name Middle Name

Last Name Known Name

Male Female Date of Birth / /

Required Start Date / / 20

Collection Password

Religion Church of England None Other (please specify)

Are there any celebrations or festivals that you would like us to celebrate as part of your culture?

.....

Nationality British Other (please specify)

First Language

Spoken at home English Other (please specify)

Who has parental responsibility for the child?

.....

Does your child attend any other setting or child minder?

If yes please name

Please name any other agencies that are currently involved with your child or family i.e. family support worker

or physiotherapist

PRIMARY CARER

Relationship to child

First Name

Last Name

Email Address

Address

..... Postcode

Employer Name Work Tel

Fixed Term End Date (if applicable) Mobile

Home Tel

2nd CONTACT

Relationship to child

Emergency contact? Yes No

First Name

Last Name

Email Address

Address

..... Postcode

Employer Name Work Tel

Fixed Term End Date (if applicable) Mobile

Home Tel Mobile

IN CASE OF EMERGENCIES

In case of an emergency please provide two alternative contacts who you authorise to collect your child

Name Relationship to child Tel

Name Relationship to child Tel

■ DOCTORS DETAILS

Name of Doctor
Surgery
Address
Postcode Tel
Name of Health Visitor

■ PERMISSION GRANTED FOR (please tick ✓)

- Outings Photo in brochure Administer Calpol / Calgel Face painting Prescribed Medication
 Sun Cream Sudocrem Emergency Medical attention Nappy cream Hypo allergenic sticking plasters

I do / do not give my permission for appropriate images of my child to be printed for use within the nursery as a record of their learning and to be displayed within the nursery. I understand that electronic copies of images will be destroyed once no longer relevant.

I do / do not give my permission for appropriate images of my child to be used in the press, in promotional material, Happy Days website, social media (including the company's Facebook and Twitter account).

I do / do not give permission for sharing information with other agencies about my child's wellbeing or health.

I do / do not give permission for sharing information with other providers if my child attends more than one setting.

■ ALLERGIES (please list)

.....
.....

■ DIETARY

Please list any special requirements

.....

Any other special needs / preferences of which we should be aware?

■ MEDICAL

My child has no known medical conditions

My child has the following medical conditions (please list)

.....
.....

If your child has a medical condition(s) you will need to complete a Health Care Plan with the Nursery Manager.

My child's normal resting temperature is :

■ IMMUNISATIONS

My child's immunisations are up to date: Yes No Date of last immunisations

■ SESSIONS

Please choose the sessions you require in the grid below

	Mon	Tues	Wed	Thu	Fri
AM					
PM					
Full day					

■ GENERAL

Have you transferred from another Happy Days Nursery? If so, please tell us which one

Please provide your child with outdoor clothing, a change of clothes and a sun hat.

Copies of Nursery Policies are available in reception and on request to the Nursery Manager.

Signing this form is deemed as your acceptance of the Terms & Conditions detailed in the Happy Days brochure.

Signed.....

Name Date / / 20

Office Use Only:

Registration Fee £ ____: ____ Date Paid: _____

ID Produced: Child's Passport: Child's Passport Number: _____ Date of Issue: _____

Birth Certificate Certificate Reference Number: _____ Date of Issue: _____

Date document checked: _____

Managers Name: _____ Signature to confirm details are correct: _____ Date: _____