

# Enrolment form

Happy Days

Where Children Shine



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 ..... Mobile .....

Home Tel .....

## 2nd CONTACT

Relationship to child .....

Emergency contact? Yes  No

First Name .....

Last Name .....

Email Address .....

Address .....

..... Postcode .....

Employer Name .....

Work Tel ..... Mobile .....

Home Tel .....

## 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

Fee Planner Number \_ \_ \_ \_ Deposit £ \_ \_ : \_ \_ Date Paid \_\_\_\_\_ (office use only)