

For Office Use Only

Date Enrolment Received:

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Happy Days

Where Children Shine



A warm welcome
guaranteed!

Enrolment form

For Office Use Only

Tax Free Childcare Reference Number:

.....

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

.....

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 (please specify)

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

.....

Nationality (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? Yes No

If yes please name

Please name any other agencies that are currently involved with your child or family i.e. family support worker, children's services, speech and language therapist or physiotherapist

Is there a Child Arrangement Order in place for your child? Yes No

Date of the Child Arrangement Order

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

DENTISTS DETAILS

Name of Dentist
 Surgery
 Address
 Postcode Tel

CHILDCARE PERMISSION 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 give my permission for sharing information and contacting other agencies about my child's wellbeing or health.
 I do give my permission for sharing information with other providers if my child attends more than one setting.

PHOTOGRAPHIC PERMISSION FOR (please tick ✓)

- I do give my permission for appropriate images of my child to be printed for use within the nursery as a record of their learning
 I do give my permission for images of my child to be displayed within the nursery
 I do give my permission for appropriate images of my child to be used
 In the press (please note most newspapers publish articles online as well as the paper form)
 Happy Days Group promotional materials including: leaflets, posters, banners, brochures and adverts
 Happy Days Group website and public social media accounts including Facebook, X, LinkedIn, Instagram, YouTube and other similar social media platforms.
 External websites such as Mumsnet, Day Nurseries, Family Information Service
 To share with medical services in the event of injury or illness

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 Emergency 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 Group's Standard Terms and Conditions detailed on the Happy Days website. The person(s) signing this form is/are liable for payment of the fees, as per our Terms & Conditions. It is the responsibility of the person completing the form to inform other contacts that their details have been shared on this form and refer to our website for the Privacy Policy.

Signed..... Signed.....

Name Name

Date / / 20 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: _____