**The Grove**

**Enrolment Form**

Forename………………………………………………………………………………………..

Surname…………………………………………………………………………................

Date of birth…………………………………… (Or due date) ………………………..

Ethnicity………………………………………………………………………………………….

Place of Birth………………………………… Gender Male/Female

Parent 1’s full name…………………….…………………………………………………

Parent 2’s full name …..………………………………………………………………….

Home address…………………………………………………………………………………

……………………………………………………………Post code……………………………

Home telephone: …………………………………………………..………………........

Mobile no’s: (1st Parent)……….………….……………………………………………

(2nd Parent)…………………………..………………………………………………………

E-mail address:

(1st Parent)………………………………………………………………………………..

(2nd Parent)………………………………………………………………………………..

**Parents address if different from above:**

1st Parent or 2nd Parent (please tick)

Home address…………………………………………………………………………………

……………………………………………………………Post code……………………………

Home telephone………………………………………………………..………………......

Please state which parent has custody of the child

Parent 1 / Parent 2 / Joint Custody

Languages: does your child speak any language/s other than

English Yes/No Please detail……………………………………………………………

Occupation of parent 1….……………………………………………………………….

Work’s telephone……………………………………………………………………………

Name of Company………………………………………………………………………….

Occupation of parent 2…...…………………………………………………………….

Work’s telephone……………………………………………………………………………

Name of Company………………………………………………………………………….

Position within the family (i.e. brothers/sisters)

………………………………………………………………………………………………………..

Sibling name …………………………………… Date of birth…………………………

School / Nursery attending ……………………………………………………………..

**Emergency contact numbers (other than Parents)**

1st contact Name: ………………………………………………………………………….

Home No: ……………………………………………………………………………

Work No: …………………………………………………………………………….

2nd contact Name: ……………………..……………………………………………………

Home No: ……………………………………………………………………………

Work No: …………………………………………………………………………….

Name of family G.P………………………………………………………………………….

Surgery Address………………………………………………………………………………

………………………………………………………Post code………………………………..

Surgery telephone……………………………………………………………………………

Name of Health visitor…………………………………………………………………….

Other Health Agencies (i.e. Speech and Language /Physio)

Does your child have a child development record book (i.e.redbook)

Yes/No

Name of Social Worker (if applicable)……………………………………………...

**Immunisations – tick to confirm**

**Two months**

DTaP/IPV/Hib …………………… PCV ………………………….

**Three Months**

DTaP/IPV/Hib …………………. MenC …………………

**Four months**

DTaP/IPV/Hib ………………………

**Twelve-thirteen months**

Hib/MenC ………… MMR ……………….. PCV …………………….

**Three – four years**

DTaP(3)/IPV ………… MMR ………………..

**Allergies – tick if allergic**

Nuts …………………… Milk………………..

Eggs ……………….. Wheat ………………..

Fish ………………. Strawberries …………………

Kiwi Fruit ……………….. Penicillin……………….

Please list any other allergies…………………………………………………………

**Other information Yes No**

Eczema ……………….. ………………..

Asthma ……………….. ………………..

Fits ……………….. ………………..

Diabetes ……………….. ………………..

Details of any regular medication or creams to be used

…………………………………………………………………………………………………….

Signature of authorisation to administer regular medication

…………………………………………………………………………………………………..

Has/does your child attend a nursery, if so which one:

………………………………………………………………………………………………………

Does your child have a nanny/nanny share: Y/N

Does your child have any specific needs in relation to:

\* Language…………………………………………………………………………………….

\*Special Educational needs…………………………………………………………….

\*Religious needs……………………………………………………………………………..

\* Other needs ……………………………………………………………………………….

In the event of a minor accident I/we give permission for first aid to be given by trained first aiders at The Grove and permit the use of arnica cream and witch hazel ointment (delete if not permitted).

Signed ………………………………………….date……………………………………….

In the event of an accident I/we give permission for The Grove to seek medical/hospital advice or treatment, with treatment and medication to be administered by a Doctor in my absence.

Signed ………………………………………….date……………………………………….

I / we authorise the senior staff to administer prescribed medication where necessary on the completion of the medicine authorisation form.

Signed…………………………………………………….Date……………………………

I/We give my permission for the staff at The Grove to take my child off the premises to the local parks and on outings.

Signed………………………… Date………………………

I/We give permission for The Grove to use photos of my child with their group for leaver’s cards, folders or Birthday cards

Signed………………………… Date ………………………

Please tick the type of booking you require

Full time

Part time

If part time which days would you prefer:

**Am Pm**

Monday …………………….. ………………………..

Tuesday ……………………. ………………………..

Wednesday ……………………. ………………………..

Thursday ……………………. ………………………..

Friday ……………………. ………………………..

School hour week for 3-5 years

Monday – Friday 09:00 to 3:00 ……………….

I/We require our child to start at The Grove on ……………………………

I/We have received a current copy of the Parent Contract and

I/We agree to abide by the terms and conditions therein

Signed …………………………………………… date……………………………………

Who will normally collect your child…………………………………………….

In order for your child to be placed on our waiting list please submit a non-refundable registration fee of £ 50.00 (£30.00 for a second child attending the nursery) with this form.

On confirmation of your child being accepted at The Grove you are required to pay a deposit of one month’s fees. (Please see paragraph two on your contract for a full explanation of the deposit requirements).

I/We would like our child to have a home visit prior to starting at the Grove Nursery Yes / No

**Please make cheques payable to: The Grove**

You will also need to provide a recent photograph of your child and of those people who will be collecting your child from The Grove.

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**OFFICE USE ONLY**

Date required to start……………………………………………………………………

Start date………………………………………………………………………………………

Booking taken by…………………………………………………………………………..

Registration fee Paid………………………….……..date……………………………

Cheque No………………………………………….Cash…………………………………

Deposit £…………………………………………….Date…………………………………

Cheque No…………………………………………. /Cash……………………………….

Deposit refunded Y/N £………………………date………………………………..

Cheque No…………………………………………………………………………………….

Parent signed contract Y/N

Photographs received Y/N

Enrolment accepted……………….Confirmed by letter/verbal

On behalf of The Grove…………………………………..date……………………

Parent pack given Y/N Signed by Parent……………………………………..

Parent Authorisation to take Photographs and Video for display or My Nursery Child Purposes Y/N……………

Signed ……………………………………………….date…………………………………..