



<u>Office Use Only:</u>	
Date Form returned:	Dates of phone contact:.....
Date place confirmed.....	Allergies/diet?.....
Water preference?.....	Ind. Safeguarding completed? Yes/No
Medical Emergency completed? Yes/No	Medicine permission completed? Yes/No
Leaving at three? Yes/No:	Deposit paid? Yes/No

Mayford Pre-school

Enrolment Form

All information provided will be treated as confidential. Our Pre-school Policy is available on our website (www.mayfordpre-school.co.uk) and all of our individual policies are available to read in paper form on request at Pre-school.

Child's (full legal) name:

Date of Birth:

Address:

.....

..... Post Code.....

Parent (who holds parental responsibility) contact details:

Email(s):

Telephone contacts: **Home:**

Mobile:(mother) (father)

Please indicate, by ticking the box, which number is to be used as an **emergency contact**.

Additional contact number if applicable (ie grandparent/ close friend):

.....

Family details:

Parent's full name:

Parent's full name:

Please indicate, by ticking the box, if you are happy to be addressed by your first name.
Please include any other title you wished to be addressed by. For example Dr, Mrs, Miss, Mr.
Do you live at the same address: Yes No

Siblings:

Name: **Date of Birth:**

Name: **Date of Birth:**

Name: **Date of Birth:**

Home Language

Do you have any religious or cultural beliefs that you would like us to know about? (i.e vegetarian).....
.....

Medical details:

GP Name:

GP Surgery name and address:
..... **Tel No**.....

Has your child had all their routine immunisations? Yes No

Has your child had any other vaccinations/immunisations we should know about?

Please include details.....

Does your child have any diagnosed medical conditions? Please give details of specific needs we will be required to address.

.....
.....

Please list any professional help received for your child since birth i.e speech therapist, physio.

.....
.....

Does your child have any other specific needs / conditions (e.g. allergies, hearing, sight, speech, muscular control or seizures) ?

.....
.....

If your child has already had their NHS 2 Year Health and Development Review, please indicate below any concerns raised

.....
.....

We offer milk with the children's snack. Please indicate if you would prefer your child to receive water instead. Water

In addition we offer foods from around the world during theme weeks and to celebrate other cultures. Please indicate if your child has any special requirements in relation to food and health, for example allergies.

.....

Does your child already attend a playgroup/day nursery/pre-school? Yes No

If yes, please give details:

Is your child on any other private school or state nursery waiting list? Yes No

If yes, please give details:

Do you intend for your child to remain at Mayford Pre-school until he/she reaches four? (i.e. leaving in the July Yes No prior to starting Reception Year in September).

If not please tell us which term you are intending to leave.....
(Please see policy under 'Intention to stay')

A half term's notice is required in writing should you wish to remove your child from pre-school. Fee paying children will be charged in lieu of this notice.

Which School will your child be attending in the future?(If known);

.....

Is there any other information that would help us whilst your child is with us?

.....

.....

Please give details of your preferred sessions (we require a minimum of two sessions per week). Please circle your preferred days.

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Requested date of admission to pre-school:

Please note that due to numbers we cannot guarantee that we will be able to offer you your first choice of days or admission date but we will do the best we can to accommodate your preferences. We will be in touch to inform you of the start date and sessions that we can offer your child. If you then decide to defer your start date, we cannot guarantee that we will have availability.

*We ask all parents for a **non-refundable deposit of £30** to secure a place with us.*

Please enclose £30 with your enrolment form. Cheques to be made payable to Mayford Pre-school.Ltd

Declaration:

While your child is attending this pre-school, we may take short walks to the council playground adjacent to the village hall across the car park.

I do / do not give permission for my childto participate in these walks.

Whilst every precaution is taken we cannot be responsible for accidents.

Any other outings will be notified in advance to the event i.e our Forest School Walks. Written consent forms will be issued.

I enclose a £30 non-refundable deposit.

Signed Date.....

Finally please do keep us informed of any changes affecting your child.

I /We have read and approved the conditions of enrolment to Mayford Pre-school.

Signed..... /
Parent(s) /Guardian.

Date.....

Thank you

PERMISSION FOR EMERGENCY / OPERATIVE TREATMENT

In **an emergency**, when a parent's attendance cannot be immediate, it is sometimes necessary to obtain treatment for a child from Paramedics, a Doctor or at a Casualty Department of a Hospital. As delay in these circumstances is highly undesirable, we ask that you give your consent below should such an emergency arise.

In the event of sudden illness or accident affecting my child, if recommended by a Doctor, **I agree / do not agree** to emergency treatment, including any operative treatment and / or administration of a general anaesthetic to my child.

Any other relevant medical history i.e. allergies / asthma / operations

.....
.....
.....

Child's Name

Date of Birth

NHS No

Emergency Contact Name

Emergency Contact Number

Relationship to Child

Child's Address

.....

GP's Name

Phone no.....

Signed **(Parent/Guardian)**

Print Name **Date**

Revised July 2021