



# STARS DAY NURSERIES

## Enrolment Form

### Childs Details

Forename ..... Female/Male Known As .....

Surname ..... Date of Birth ...../...../.....

Ethnic Origin.....Religion..... Nationality .....

Religious Festivals celebrated..... First Language .....

Child's Birth Certificate/Passport No:.....

Has your Child attended an Early Years setting before? Yes No

If Yes Name:.....Dates Attended:.....

Has this child had a sibling at this nursery?  Yes  No

If yes  Present  Past

### Primary Guardian Details

1. Name .....

Relationship to child .....

Address ..... Home No .....

..... Post Code ..... Mobile No .....

Place of work ..... Work No .....

Date of Birth..... National Insurance No:..... Email .....

2. Name .....

Relationship to child .....

Address (if different from above)..... Home No .....

..... Post Code ..... Mobile No .....

Place of Work ..... Work No .....

Date of Birth..... National Insurance No:..... Email .....

Who does the child normally live with? .....

Who has Parental responsibility:

Both Parents / Mother / Father / Grandparents Local Authority

Other.....

Who has legal contact with the child .....

**Child's Doctor**

Name ..... Tel: .....

Address .....

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

Does the child have any special diets, health problems or allergies?

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.....

Are there any professionals involved with your child? (if yes give details)

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.....

**Medical Info**

Health Visitor's Name:..... Prescribed Medication Taken.....

Is your child being treated by the hospital? Yes No If yes give details.....

.....  
Are your Child's immunisations up to date? Yes No If No please give details.....

Does your Child have Early Year's Action or Support? Yes No

Does your Child have any distinguishing marks e.g birth marks? Yes No

If yes give details.....

Was your child born prematurely? Yes No If Yes give details.....

Do you have any concerns over your child's development? Yes No If Yes give details.....

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**Payment Method**

- 2 year old government funding - award letter to be shown
- 3/4 year old government funding
- 30 hours government funding - Code needs to be given to manager

**Non-funded/Part Funded**

- Weekly (must be paid the first day the child attends in the week).
- Monthly (must be paid within seven days from the date of Invoice)

How did you find out about this setting?

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**Other Contacts**

Emergency Contacts

1. Name ..... Relationship to Child .....

Address

.....

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

Home No ..... Mobile No ..... Email .....

Place of work ..... Work No .....

Authorised to collect child: Yes No

2. Name ..... Relationship to Child .....

Address

.....

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

Home No ..... Mobile No ..... Email .....

Place of work ..... Work No .....

Authorised to collect child: Yes No

3. Name ..... Relationship to Child .....

Address

.....

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

Home No ..... Mobile No ..... Email .....

Place of work ..... Work No .....

Authorised to collect child: Yes No

**ALL PERSONS AUTHORISED TO COLLECT YOUR CHILD MUST BE OVER 18 YEARS OLD.**

**Password:** \_\_\_\_\_

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**The information I have provided above is true to the best of my knowledge. If any of the information changes I will notify the Manager so that the records are kept up to date.**

**Signature**.....

**Date** .....