

# ENROLMENT FORM

The relationship between a child's parents and a setting is crucial to the child's well being. The welfare, safety and protection of your child are at the heart of everything we do. To enable us to make the best provision for your child we are officially required to ask for information to be provided to us. Please understand that there are sound reasons why we are required to ask these questions. We want to help your child to keep safe, it is not that we are being curious.

Thank you for your co-operation.

Nursery Attending- Newmarket Street / Broughton Road \*Delete where applicable

Childs Full Name: .....

Any previous names and 'also known as' .....

Date of Birth: .....

Current Address: .....

..... Postcode:.....

Telephone Number: .....

Any previous addresses: .....

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Name and contact details of persons with whom the child normally lives with (including employer details):

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Name and contact details of all persons with parental responsibility  
(if different from above): .....

Emergency contact details (if different from above): .....

Name and contact details of your child's doctor: .....

Details of any persons authorised to collect the child from the setting  
(if different from above): .....

Names and roles of any professionals who have contact with the child/family and  
their contact details: .....

Any relevant court orders in place including those which affect any person's access  
to the child (e.g. Residence Order, Contact Order, Care Order, Injunctions etc.)  
Is there any information from these orders that our setting needs to be aware of  
which will help us to care for your child?  
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If the child is or has been subject to a Child Protection Plan:  
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Any other factors which may impact on the safety and welfare of the child:  
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Details of any previous settings the child has attended: .....

Details of any additional needs your child may have: .....  
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Do you wish your child to attend Nursery Full-time or Part-time:.....

If Part-time, please indicate: Morning (state time) Afternoon (state time)

Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____

I give permission for staff to seek any records or evidence of any orders etc. including agreement for change of name, from a previous setting.

I wish to apply for admission of the above-named child to First Steps Nursery and I understand the full Policy and Procedure file is located in the entrance hall for us all to read at our convenience. I agree to comply with these and any other regulations which might be introduced in the future.

Signature .....Date .....

The date I would like my child to start at First Steps Nursery is: .....

Is there any further information you would like to share with us which will assist us to make your child's stay with us a happy and positive time? .....  
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Could you please tell us for our reference only - how you heard about First Steps:  
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