



# Enrolment Form

## Child Details

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_

Email Address

@																				

## Parents/Guardian(s) Details

### Mother

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

### Father

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

**Details of Your People Authorised to Collect Child**

**(Excluding Parents)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Details of People Who can be Contacted in Emergency**

**Situations if Parents CAN NOT be Contacted**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Telephone Number \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Telephone Number \_\_\_\_\_

## **Medical and Immunisation Record**

Name of Childs G.P. \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

<b>AGE</b>	<b>VACCINE</b>	<b>DATE GIVEN**</b>
2 Months	6 in 1 and Oral Drops	
4 Months	6 in 1 and Oral Drops	
6 Months	6 in 1	
12 Months	MMR and Men B	
13 Months	<b>Hib/MenC &amp; PCV</b>	

\*\* Please contact your G.P. if you are unsure of these dates.

## **Parental Consent for Medical Treatment**

I/we hereby give my/our permission to the management of *Happy Feet Childcare* to act on my/our behalf in case of emergency or accident and to take such action as may be necessary for the benefit of my child.

Signed: \_\_\_\_\_

Parent/Guardian

Date: \_\_\_\_\_

### **Permission to be photographed**

I/we hereby give my/our permission to the management of *Happy Feet Childcare* to photograph my child, under staff supervision. Photographs maybe displayed on notice boards within the preschool.

Signed \_\_\_\_\_ Parent/Guardian

Date \_\_\_\_\_

### **Permission for Outings**

I/We hereby give my/our permission to the management of *Happy Feet Childcare* for my child to go on school outings/day trips with full supervision from the staff of *Happy Feet Playschool*.

Signed: \_\_\_\_\_ Parent/Guardian

Date: \_\_\_\_\_

### **Permission to change clothes**

I/We hereby give my/our permission to the management of *Happy Feet Childcare* to change my child's clothes if necessary.

Signed: \_\_\_\_\_ Parent/Guardian

Date: \_\_\_\_\_

### **Permission to carry out Observations**

I/We hereby give my/our permission to the management of *Happy Feet Childcare* to carry out written observations on my child.

Signed: \_\_\_\_\_ Parent/Guardian

Date: \_\_\_\_\_

**Other Information**

Does your child have any of the following? Please tick as appropriate.

**Note:** If you answer “YES” to any of the following please provide more details.

Allergies YES  NO

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Illnesses YES  NO

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Special Needs/Requirements YES  NO

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Is there any further information relevant to your child that we should be aware of?

YES  NO

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\*\* All information on this enrolment form is confidential and will be stored securely