



The Mulberry Bush CASTERTON

PRIVATE DAY NURSERY 6 MONTHS - 4 YEARS

Enrolment Form

Full Name of Child	
Known as	
Date of Birth	
Home Address	
Home Telephone	
Bill Payer Email Address	
Does your child attend another childcare setting?	
If yes, please state where	
Religion	
Ethnic origin	
Nationality	
Language(s) spoken at home	
Details of any special educational needs/disabilities	

Contact Details

Parent/carer 1	
First name	
Surname	
Home address	
Postcode	
Home tel. number	
Mobile	
Home email	
Work address	
Postcode	
Work tel. number	
Work email	
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Contact in emergency <input type="checkbox"/>

Parent/carer 2	
First name	
Surname	
Home address	
Postcode	
Home tel. number	
Mobile	
Home email	
Work address	
Postcode	
Work tel. number	
Work email	
Responsibilities (Tick all that apply)	Parental responsibility <input type="checkbox"/> Payment of fees <input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Contact in emergency <input type="checkbox"/>

Emergency Contact (other than previous)

*We will use these only if we cannot make contact with the Parent or carer.

Title	
First name	
Surname	
Relationship to the child	
Password to pick up your child	
Address	
Postcode	
Tel number	
Mobile	
Responsibilities (Tick all that apply)	<input type="checkbox"/> Collect child from nursery <input type="checkbox"/> Contact in emergency

Medical Details

Name of Doctor	
Surgery Address Telephone:	
Name of Health Visitor Contact Number	
Details of medical conditions/allergies	
Record of immunisations	
Record of infectious diseases	

Special Dietary Requirements	
Details of anything prohibited for personal reasons.	
Any further information you think we may need to know or would find useful.	
Any other agency details	

Parental Permission for _____

I give my permission for staff to administer first aid and seek professional advice or instruction in the event of an emergency:

Signed:	Date:
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I give my permission for staff to use antiseptic treatment and plasters on my child.

Signed:	Date:
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I understand that any staff member, who suspects that a child in his/her care may have been abused or neglected, has a duty to report this to the Social Services Department.

Signed:	Date:
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I give permission for a member of staff to apply the sun cream that I have provided to my child's skin during the summer. I understand that if my child's sun cream is not provided my child will not be allowed to go outside.

Signed:	Date:
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I give permission for a member of staff to apply nappy/barrier cream to my child if needed.

Signed:	Date:
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I give permission for my child to go on organised walks within the local area with members of staff.

Signed:	Date:
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I give permission for my child to travel on the School Bus, I understand a seatbelt will be fitted for them and a booster seat used if required. I understand my child will not sit in the front seats of the bus.

Signed:	Date:
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I give permission for my child to be photographed by a Nursery staff member or individual validated by the Nursery.

Signed:	Date:
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I give my permission for my child's photo to appear on social media and the website. My child's name will not be included unless additional permission has been requested.

Signed:	Date:
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I give permission for my child's photo to go within the nursery's newsletter.

Signed:	Date:
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I give permission for my child to have an online learning journey (iconnect/parentzone)

Yes	No	Signed:	Date:
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I give permission for a password to be used if a family member is picking up your child that we have not met before.

Password:	Signed:	Date:
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