



Enrolment Form

Name of Child

Male / Female

Date of Birth:

Address:

Postcode:

Tel No:

Parent/Guardian Name:

Mobile:

Place of Work:

Tel No:

Relationship:

Parent/Guardian Name:

Mobile:

Place of Work:

Tel No:

Relationship:

Please circle sessions required

Monday				Tuesday				Wednesday				Thursday				Friday			
AM	PM	FD	Ext	AM	PM	FD	Ext	AM	PM	FD	Ext	AM	PM	FD	Ext	AM	PM	FD	Ext

Key:

AM-Morning(7.15am – 12.30pm)

PM-Afternoon(1.00pm – 6.00pm)

FD – Full Day(7.15am – 6.00pm)

Ext – Extended Day(12.00pm – 6.00pm 3-5 years only)

Date you wish to start (Please note your fees will start on this day):

Is this an Education Funded Place only Yes No (3 years + only)

Emergency Contact Number (other than parents named above)

Name:

Relationship:

Tel No

Address:

Mobile:

Childs Doctor:

Tel No:

Address:

Details of Allergies, medical or dietary requirements:

Nominate 4 person/s including parents / guardians who are to be registered on the biometrics system to collect your child and their relationship to the child:

1.

3.

2.

4.

(Please read the collection policy)

Please write your email address where information, updates and letters can be sent(optional)

Please indicate where you heard about the nursery?

Do you claim Working Tax Families Credit YES / NO

From time to time we may use photographs taken at the nursery by ourselves for the media to use for publicity, accreditation reasons or posterity.
I give my consent for my child's photo to be taken and to be used as above, as required:
Print name: Signature

I give my consent to Little Learners to take my child on outings in accordance with the Outing policy.
Print name: Signature:

I give my consent to Little Learners to seek medical advice in accordance with the Emergency Medical Advice/Treatment policy.
Print Name: Signature:

I give my consent to Little Learners to take my child to Hospital if appropriate.
Print name: Signature:

I give my consent to Little Learners to apply a hypo – allergenic plasters if required:
Print name: Signature:

I give my consent to Little Learners to apply sun/nappy cream as required:
Print name: Signature:

To help your child settle in we offer a 20 minute home visit by the Keyworker and 1 other staff member.
Would you like a home visit YES / NO / MORE INFORMATION

I fully understand that one months written notice must be given to cancel my child's place, and that I must pay in full until that date
Print Name: Signature:

Ethnicity (please circle) British Caribbean African Indian Chinese Other

Please date immunisation and please inform the nursery in writing of any additional immunisation complete with dates.	1 st date	2 nd date	3 rd date
MMR	<input type="text"/>	<input type="text"/>	<input type="text"/>
Diphtheria	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tetanus	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio	<input type="text"/>	<input type="text"/>	<input type="text"/>
Whooping cough	<input type="text"/>	<input type="text"/>	<input type="text"/>
Meningitis	<input type="text"/>	<input type="text"/>	<input type="text"/>

I have received a nursery pack and the Parent/ Carers Contract and agree to comply with the terms and conditions of little Learners and will adhere to the policies and procedures.
Print name Signature: Date:

PLEASE RETURN THIS FORM COMPLETED TOGETHER WITH THE CONTRACT. A BOND OF £50 IS REQUIRED TO SECURE A PLACE ONCE OFFERED THIS FEE WILL BE RETAINED BY THE NURSERY UNTIL YOUR LAST WEEK, PLEASE NOTE THAT SHOULD YOU LEAVE THE NURSERY WITHIN 6 MONTHS OF STARTING THEN THE BOND BECOMES NON-RETURNABLE

Bond Paid Date: Bond Returned Date:

Nursery fee list() Birthday list() Confirmation() Standing order() Parents name list()
Allergy list() Starters/leavers form() Diary() Room copy() Gradual booked()