



# **Kings Meadow Pre-School**

**Under 5's Pre-School & Nursery**



## Kings Meadow Pre-School

Under 5's Pre-School & Nursery

### Enrolment form

To register your child for a place at Kings Meadow Pre-school please complete and return this form with a £50 non-refundable registration fee

This enrolment form is available in other languages or larger print.

**Childs name** (as it appears on the birth certificate): \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**(Please can you provide proof of your child's birth certificate)**

I confirm and give my consent that Kings Meadow Preschool are allowed to hold and store a copy of my child's birth certificate/passport for funding and audit purposes.

Parents name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Gender of child** - Male female

<b>Child's address:</b>	
<b>Postcode</b>	<b>Home telephone no:</b>

**Who has parental responsibility?** \_\_\_\_\_

<b>Parent/carer 1</b>	
Full Name: (as appears on child's birth certificate)	Relationship to child:
Address (if different from above)	Mobile no:
Work Tel No:	Email address:

<b>Parent/carer 2</b>	
Full Name: (as appears on child's birth certificate)	Relationship to child:
Address (if different from above)	Mobile no:
Work Tel No:	Email address:

<b>Please list names and ages of any sibling's</b>
--

**Emergency contact details**

*Please provide details of alternative contacts that can be telephoned in an emergency, they must be over the age of 16 years*

*Emergency contacts must be aware that they have been listed as an emergency contact and you must have permission to put their details on your child's enrolment form.*

<b>Emergency contact 1</b>	
Name	Relationship to child
Work telephone number	Home telephone number
Mobile telephone number	
<b>Emergency contact 2</b>	
Name	Relationship to child
Work telephone number	Home telephone number
Mobile telephone number	

<b>GP Name</b>	Tel no
Surgery address:	
<b>Health visitors name</b>	Tel no
Practice address:	Date of 2 year old Health visitor check?
<b>Does your child have any special educational needs?</b> Please give details	
<p><b>Names of professionals involved with your child e.g. portage, speech and language therapist, etc.</b> It is important that you inform us of this, so that we can ensure that your child's needs are catered for</p> <p>Full name:</p> <p>Role:</p> <p>Agency name:</p> <p>Telephone number</p> <p>What is the reason for the involvement of external professionals?</p>	
<p><b>Does your child have a social worker for any reason? Yes no</b> It is important that you inform us of this. You will not be discriminated against at all if you disclose this information.</p> <p>Social workers name:</p> <p>Telephone number:</p> <p>What is the reason for the involvement of social services?</p>	

## Medical Needs

<b>Does your child have any medical needs?</b> Please give details
<b>Does your child require any regular medication?</b> Please give details
<b>Does your child have any allergies?</b>
<b>Does your child have any dietary requirements?</b> (Please include if your child can only eat Halal/kosher meat)
<b>Does your child have any birthmarks? If yes please describe the appearance and location on body</b>

<b>Has your child received the following immunisations?</b>			
Age	Immunisation	Yes/no	Date of immunisation
2 months old	Diphtheria, Tetanus, Pertussis, Polio and Hib (Dtap/IPV/Hib) Pneumococcal (PCV)		
3 months old	Diphtheria, Tetanus, Pertussis, Polio, and Hib (DtaP/IPV/Hib) Meningitis C		
4 Months old	Diphtheria, Tetanus, Pertussis, Polio and Hib (DtaP/IPV/Hib) Pneumococcal (PCV) Meningitis C		
Around 12 months old	Hib/ Meningitis C		
Around 13 months old	Measles, Mumps, and Rubella (MMR) Pneumococcal (PCV)		
40 Month Old To 5 Years	Diphtheria, Tetanus, Pertussis, Polio, Measles, Mumps and Rubella		

Please note that we do not discriminate, during the enrolment process, against any child who has not received their immunisations due to their parent's own personal medical beliefs.

The information you have given us above is for our own records, but may need to be shared with the South West London Health protection Unit in case of an outbreak of an infectious disease.

**Religious and cultural information**

How would you describe your child's ethnicity or cultural background?	
What is the main religion in your family?	
Are there any particular festivals or special occasions celebrated in your culture that you would like us to incorporate at Kings Meadow Pre-school?	
What languages are spoken at home?	Will this be your child's first experience of being in an English-speaking early year's environment? Yes No

<b>Will your child be attending any other early years setting (childminder, nursery, pre-school etc) whilst attending Kings Meadow Pre-school?</b> <i>If yes please provide the name and address of the setting so that we can build a link with them in order to provide your child with continuing care and education</i>		
Yes no		
<b>Does your child attend a local children's centre?</b>	Yes	No
If yes, which centre do you attend?		

## Collection consent form

Please give details of people that you give consent to collect your child from Kings Meadow Pre-school at any time

Please ensure that the persons listed know the password you have provided for them and that are aware that you have put their details on your child's enrolment form.

Please can you also provide a passport photograph of each person so that it can remain on the child's file in case of an emergency.

1. Name:  Relationship to child:  Password:
2. Name:  Relationship to child:  Password:
3. Name:  Relationship to child:  Password:

It is the parent/carer's responsibility to inform Kings Meadow Pre-school if the above people named are not allowed to collect your child after completing this form. The nursery will not accept responsibility if you fail to inform us of any changes.

The parent/carer must understand that if they arrange someone that is not listed above to collect their child, they need to inform the nursery so that a child release form can be completed.

What date would you like your child to start at Kings Meadow Pre-school?

**What sessions would you like your child to attend? Please circle**

Monday                    full day    am            pm

Tuesday                   full day    am            pm

Wednesday              full day    am            pm

Thursday                 full day    am            pm

Friday                    full day    am            pm

**Do you require a:** (please circle)

Early start 7.30am

Late finish 6.30pm

There is no additional cost for this service.

This service is only available to children who attend all year round and not available for a funded place only.

*Please delete and sign where appropriate –*

**I consent / do not consent** to my child being taken to hospital for emergency medical treatment.

**I consent / do not consent** to my child's photograph being taken by the staff of Kings Meadow Pre-school for display purposes and with my child's first name on the their work.

**I consent / do not consent** to my child's photograph being used in my child's learning journey and their name used.

**I consent / do not consent** to my child's learning journey being displayed in the room for my child to look through and share with other children and staff.

**I consent / do not consent** to my child being taken on pre arranged mini outings on an ad hoc basis by the staff of Kings Meadow Pre-school (please refer to the outing policy if needed).

**I consent / do not consent** to the staff/students of Kings Meadow Pre-school in observing my child for the purposes of assessment work if they are currently training in childcare.

**I consent / do not consent** to my child having supervised and restricted access to the Internet and ICT equipment. *In consenting you are agreeing that the setting is not liable for any damages arising from the use of internet facilities.*

**I consent / do not consent** to my child's photograph being taken by staff of Kings Meadow Pre-school to be used for advertisement purposes in the Parent handbook Kings Meadow Website or Facebook page

**I consent / do not consent** to the staff of Kings Meadow Pre-school sharing information with other professionals involved with the child and family such as family support workers, social worker their key person if they attend another setting etc.

**I consent / do not consent** to the staff of Kings Meadow pre-school, under the authorisation of the manager or deputy manager, to administer Calpol should the need arise, with the understanding that Kings Meadow Pre-school will contact me by telephone prior to the administration of the first dose



## Terms and conditions

- In registering my child with Kings Meadow Pre-school I confirm that I have read and agree to abide by the policies and procedures (in reception area and parent/carers handbook).
- I also agree to inform the nursery of any change in circumstance relating to my child that may in anyway affect their stay within the nursery.
- I understand that if my child/ren have, or develop, an infectious illness they will be excluded from the nursery. This is in the best interest of the child and the other children and complies with regulations set out by the Environmental Health Department.
- I am aware that Kings Meadow Preschool are required to retain you and your child/ren personal data and development records for set amount of years. This usually 21 years and 3 months for personal information under General data Protection regulation. Funding forms are kept for 3 years as requested by the local authority.
- I am aware and understand if my child receives the government statutory funding only there is no fee.
- I am aware in the event that Kings meadow Preschool are unable to claim for the 2/3/4 year government statutory funding I am liable for the cost of the sessions in accordance to the nursery contact
- I understand that when my child/ren are between the age of 24 months and 36 months a two year progress check will be carried out on them. (Details are available in the parent handbook)
- I confirm that I will pay the monthly/weekly fee of £\_\_\_\_\_ on the 1<sup>st</sup> of each month in advance, alternatively at the beginning of each week.
- I understand that failure to do this may result in being charged a penalty fee.
- I understand that fees are still payable for bank holidays and any absences that my child has.
- I understand that in the event of non-payment of fees, my child's place at Kings Meadow Pre-school can be suspended until the fees are paid in full.
- I understand that I may withdraw my child or change my child's sessions at any time by giving 1 months notice
- I agree that during the term of the contract and for the period of three months following its termination the parent/guardian will not employ or otherwise engage, seek to employ or entice away or attempt to entice away any employee of Kings Meadow Pre-school.

Date \_\_\_\_\_

Parent/carer 1 name: \_\_\_\_\_ Signature \_\_\_\_\_

Parent/carer 2 name: \_\_\_\_\_ Signature \_\_\_\_\_

Nursery manager name: \_\_\_\_\_ Signature \_\_\_\_\_