



## Child Enrolment Form

\_\_\_\_\_ will be attending Summers Nursery at

*Please circle the Nursery of your choice*

INVERURIE                      2 Burghmuir Drive, INVERURIE, AB51 4GY    Tel: 01467  
628862

ABERDEEN                    44 Victoria Street, ABERDEEN, AB10 1XA    Tel: 01224 628862

Commencing on \_\_\_\_\_ for the following sessions

*Please tick sessions required*

Monday	7.30am to 1.30pm	1.30pm to 6.00pm
Tuesday	7.30am to 1.30pm	1.30pm to 6.00pm
Wednesday	7.30am to 1.30pm	1.30pm to 6.00pm
Thursday	7.30am to 1.30pm	1.30pm to 6.00pm
Friday	7.30am to 1.30pm	1.30pm to 6.00pm

*Summers Nursery offers both part time and full time places. A minimum of two part time sessions should be taken to get the full benefit of a nursery experience. Please check availability with the Nursery Manager.*

I agree to read and abide by the policies and procedures of the nursery.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*If any parent/carer wishes to view our full policies and procedures files which govern the way in which the nursery operates please ask the Nursery Manager, who will be delighted to answer any questions you may have. We hope you and your child will enjoy his/her time with us at Summers Nursery!!!!*

We store personal information in accordance with the Data Protection Act 1998. The information will not be disclosed to any other organisation, unless we have a legal obligation. **1**



## Child Enrolment Form

Child's first name:	
Child's middle name:	
Child's last name:	
Child's date of birth:	

	Mother	Father
Full name:		
Home address:		
Post code:		

Occupation:		
Work address:		
Postcode:		

Home telephone number:		
Mobile number:		
Work telephone number:		
Home E-mail address:		
Work E-mail address:		

*In the event that I can not be contacted I hereby give permission for my child to receive any necessary emergency care or treatment. I understand that every effort will be made to contact me or my spouse/partner before any such action is taken.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Child Enrolment Form

Child's first name:	
Child's middle name:	
Child's last name:	
Child's date of birth:	

	1 <sup>st</sup> Contact	2 <sup>nd</sup> Contact
Full name:		
Relationship to child:		
Home address:		
Post code:		

Occupation:		
Work address:		
Postcode:		

Home telephone number:		
Mobile number:		
Work telephone number:		
Home E-mail address:		
Work E-mail address:		

*In the event that I can not be contacted I hereby give permission for my child to receive any necessary emergency care or treatment. I understand that every effort will be made to contact me or my spouse/partner before any such action is taken.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Child Enrolment Form

Child's first name:	
Child's middle name:	
Child's last name:	
Child's date of birth:	

	3 <sup>rd</sup> Contact	Child's Doctor
Full name:		
Relationship to child:		
Home address:		
Post code:		

Occupation:		
Work address:		
Postcode:		

Home telephone number:		
Mobile number:		
Work telephone number:		
Home E-mail address:		
Work E-mail address:		

*In the event that I can not be contacted I hereby give permission for my child to receive any necessary emergency care or treatment. I understand that every effort will be made to contact me or my spouse/partner before any such action is taken.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Child Enrolment Form Child's Health and Personal Information Record

Child's first name:	
Child's middle name:	
Child's last name:	
Child's date of birth:	

**Immunisations:**

*Please give details of immunisations that your child has received- please circle as appropriate:*

Polio	Yes	No	Tetanus	Yes	No	Diphtheria	Yes	No
Measles	Yes	No	Mumps	Yes	No	Rubella	Yes	No
HIB	Yes	No	Meningitis	Yes	No			

*Please give details of any other immunisations received:*

**Medical conditions:**

*Please give full details of any medical condition your child suffers from including full details of any medication required, stating whether any such medication will be required to be administered by the nursery staff. Where medication is to be administered an additional medication release form will need to be completed.*

*Continue on additional sheet if required:*



## Child Enrolment Form

Signature

Date

Child's first name:

Child's middle name:

Child's last name:

Child's date of birth:

Allergies:

*Please give full details of all known allergies your child suffers from:*

Dietary requirements:

*Please give full details of any special dietary requirements for your child:*

Signature

Date

## Child Enrolment Form

Child's first name:

Child's middle name:

Child's last name:

Child's date of birth:

	Yes	No
Do you give permission for First Aid to be administered to your child in the case of an accident or emergency?		
Do you give permission for medical treatment to be sought and administered in the case of an accident or emergency?		
Do you give permission for your child to be taken on outings and walks?		
Do you give permission for your child's photo to be taken during activities and displayed in the nursery? (No names will be disclosed)		
If yes do you give permission for your child's photo to be used for press articles? (No child's names will be disclosed)		
If yes do you give permission for your child's photo to be used on the nursery website? ( No names will be disclosed)		
Do you give permission for photographs of your child (which may include other children) to be given/sold to other parents/family relatives who have children in the nursery? (No names will be disclosed)		
Do you give permission for other parents/relatives to use a video camera? This may include your child. This would be on special occasions and trips only.		
Do you agree to be responsible for informing the nursery of changes to contact names, addresses, phone numbers etc?		
Do you give permission for your child to have their teeth brushed after lunch from the age of two?		



## Child Enrolment Form

Signature

Date



## Child Enrolment Form Personal Information

Child's first name:	
Child's middle name:	
Child's last name:	
Child's date of birth:	

Name and ages of any brothers and sisters	
Pets if any and their names	
Favourite toy and story	
Names of my friends	
Any particular fears?	
Details of any other group you attend i.e. swimming, kinder gym or playgroup?	
Food dislikes	
What settles me when upset	

\_\_\_\_\_

Signature

\_\_\_\_\_

Date