



## Enrolment form

### Adventures Day Nursery

1 Spearpoint Gardens,  
Aldborough Road North,  
Newbury Park,  
IG2 7SX

If you have any questions, please call us on 020 8599 8644  
or e-mail us at [office@adventuresdaynursery.co.uk](mailto:office@adventuresdaynursery.co.uk)

**Please complete using block capitals with as much detail as possible**

Child's full name:	_____
Date of birth / EDD:	_____
Religion:	_____
Ethnicity	_____
Sex:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Home address:	_____
(This must be their usual address of residence)	_____ _____
Home phone {Inc area code}	_____
Languages spoken at home:	_____

Title:	_____
Parent 1 full name:	_____
Relationship to child	_____
Parental Responsibility (Yes/No)	_____
Address:	_____
{If different from above}	_____
Home phone number:	_____
Mobile number /s:	_____
e-mail address:	_____
Job title:	_____
Company name:	_____
Work address:	_____ _____ _____
Work phone number / s:	_____
Work department:	_____
Days at work:	_____
Hours of work:	_____

Title:	_____
Parent 2 full name:	_____
Relationship to child	_____
Parental Responsibility (Yes/No)	_____
Address:	_____
{if different from above}	_____
Home phone number:	_____
Mobile number /s:	_____
e-mail address:	_____
Job title:	_____
Company name:	_____
Work address:	_____
	_____
Work phone number / s:	_____
Work department:	_____
Days at work:	_____
Hours of work:	_____

Title:	_____
Any other guardian full name:	_____
Relationship to child:	_____
Parental Responsibility (Yes/No)	_____
Address:	_____
{if different from above}	_____
Home phone number:	_____
Mobile number /s:	_____
e-mail address:	_____
Job title:	_____
Company name:	_____
Work address:	_____
	_____
Work phone number / s:	_____
Work department:	_____
Days at work:	_____
Hours of work:	_____

emergency contact name	_____
Grandparents, friends etc :	_____

Relationship to child:	_____
Address:	_____ _____ _____
Home phone number:	_____
Mobile number /s:	_____
Pager / other number:	_____
Job title:	_____
Company name:	_____
Work address:	_____ _____ _____
Work phone number / s:	_____
Work department:	_____
Days at work:	_____
Hours of work:	_____
e-mail address:	_____
Password for collection of your child:	_____
Can this password be used if someone else is picking your child up i.e. friend, aunt, uncle etc    please circle	<input type="checkbox"/> YES <input type="checkbox"/> NO

Child's doctors name:	_____
Address of surgery:	_____ _____ _____
Phone number:	_____
Medical history:	_____ _____ _____
Immunisation to date:	
2 months	Diphtheria, Tetanus, Whooping Cough {DTaP}, Polio {IPV} Hib + Pneumococcal conjugate vaccine {PCV} DATE GIVEN: _____
3 months	Diphtheria, Tetanus, Whooping cough {DTaP}, Polio {IPV} Hib, Meningitis C DATE GIVEN: _____
4 months	Diphtheria, Tetanus, Whooping cough {DTaP}, Polio {IPV} Meningitis C, PCV DATE GIVEN: _____
12 months	Hib, Meningitis C DATE GIVEN: _____
13 months	MMR, PCV DATE GIVEN: _____
3 years 4 months plus	MMR 2 <sup>nd</sup> dose, 4-in-1 (DTaP/IPV) pre-school booster, DATE GIVEN: _____

Any special diet due to health, allergies, religious or cultural reasons please state dietary requirement and reason for this:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Are there any other agencies involved? Please circle **YES** **NO**  
 (Doctor, dietician, speech & language, physiotherapist, social services etc)

If yes what are they and what is the reason: \_\_\_\_\_

Their name:

Address:

Phone number:

\_\_\_\_\_  
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Continues from above if needed:

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Exact start date required: \_\_\_\_\_  
 {please note, full fees will be charged from this date}

Sessions required: **Mon** AM  PM  **Tues** AM  PM  **Wed** AM  PM  **Thurs** AM  PM  **Fri** AM  PM

Deposit paid:                      Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Method: \_\_\_\_\_

I understand that full fees must be paid to the nursery 52 weeks of the year. This is divided into 12 equal payments which are due on the 1<sup>st</sup> day of each calendar month.

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

I understand that the nursery requires one month's written notice if my child's nursery place is no longer required or I will pay one month's fees in lieu of notice.

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

I agree to the nursery seeking emergency medical advice or treatment if necessary for my child.

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

I agree to my child being given Calpol by nursery staff if they feel immediate steps should be taken to lower my child's temperature. Every effort will be made to contact either parent / guardian before medicine is administered.

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

I agree that I will pay a late fee if my child is not collected from nursery by closing time.

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

I agree to attend meetings that are requested by the manager.

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

I have read the nursery brochure and agree to comply with nursery regulations.

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

I agree to comply with the nursery's policies and understand that I am required to sign to confirm I have read the key policies - equal opportunities, health & safety, safeguarding and child protection, medication & sickness and behaviour management.

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

I understand that the nursery will close for 2 ½ days per year for staff training which I am notified of in advance.

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

I give permission for my child to participate in planned nursery outings which are supervised by nursery staff.

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

I understand the nursery is under an obligation to inform social services if they feel my child's welfare is in danger.

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

I understand that the nursery will consult with me to seek outside professional help should my child need extra support, however if I am unwilling to work alongside them, in extreme circumstances, I may be asked to remove my child from the nursery in the best interests of my child and all of the other children attending

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

I understand that in accordance with statutory guidance, my child's records will be kept in a confidential place for three years after they leave nursery.

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