

LITTLE INSPIRATIONS

DAY NURSERY

**Enrolment Form for Rhydyfelin
(Over 2's)**

Name of child	
Preferred name	
Date of birth	
Address	
post code	
Gender	Male Female
Religion	
First language	
Required start date	
Parent 1	
Full Name	
Address if different from above	
Home telephone no	
Work telephone no	
Mobile no	
Place of work	

Parent 2	
Full Name	
Address if different from above	
Home telephone no	
Work telephone no	
Mobile no	
Place of work	
Preferred email for invoices and daily diaries	
Emergency contact 1	
Full name	
Home no	
Mobile no	
Work no	
Relationship to child	
Emergency contact 2	
Full name	
Home no	
Mobile no	
Work no	
Relationship to child	
Please list the name of authorised people to collect your child Please provide photo for identity or each person	
Password (please ensure that you only share this password with people you wish to collect your child)	
Names of person authorised to give consent for medication/emergency medical treatment/first aid/outings on your behalf/in your absence	
Health	
Doctor's name	
Address of Doctor's surgery	
Doctor's telephone no	
Health visitor name	
Health visitor telephone no	
Please list any allergies that your child may have;	

Please give details of any allergies in the immediate family:	
Please give details of any medical conditions your child has.	
Has your child been immunised against	<p>Whooping cough/diphtheria/ tetanus 2mths() 3mths() 4mths() 3-5yrs()</p> <p>Polio 2mths() 3mths() 4mths() 3-5yrs()</p> <p>Hib 2mths() 3mths() 4mths() 3-5yrs()</p> <p>M.M.R 12-18 mths ()</p> <p>Please tick each one</p>
Please state if there are any medical reason why your child has received any of the routine immunisations: if yes please explain.	
Is your child considered to have special needs? If yes please give a brief and complete our special needs assessment form	
Sleeping	
Please give a brief sleep routine for your child.	
Does your child have a comforter to go to sleep with?	
Does your child have any preference when going to sleep?	
Food	
Does your child have any food allergies? If yes please list and explain the reaction.	

Does your child have any intolerance to foods? If yes please list and explain sign and symptoms	
If you have answered yes to any of the above please complete a form for allergies and intolerance as well	
Any special dietary requirements? Is yes please list and give reason	
Any specific likes or dislikes of foods? Please list	
Please give any information that you feel is relevant that may affect the type of care that your child receives or may help them to settle in. Please consider any cultural/ religious and individual needs.	

It is in your child's best interests to keep us informed and updated of any changes in any of the details given in this form.

I have read and understood the terms and conditions of Little Inspirations Day Nursery and agree to abide by them. The information I have given is correct and I will inform the nursery immediately of any changes. I acknowledge receipt of the following information:

Terms/conditions () Parents hand book () Illness exclusions () Fees () (if applicable)

Policy/procedure information including behaviour and equal opportunities ()

I have paid a deposit of _____ (please note terms and conditions regarding deposits, if applicable)

I have provided photo ID for all persons who may collect my child

Parent/guardian signature _____

Staff signature _____ Date _____



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Consents

First Aid – The setting can only administer first aid to your Child with your written consent. Staff who administers first aid will always be qualified.

Emergency Medical Care – In the event of your Child needing emergency medical care this enrolment form will be given to medical staff for information that might be needed to treat your Child. With your written consent your Child could receive treatment more quickly.

Outings – On occasion staff may take Children out for short walks to local parks, shops and community events.

Photographs/videos – we would like to take photographs of the children undertaking activities, this will be used for internal displays, the web site, face book, twitter and other media social site. Photograph may be used to promote the setting and company via leaflets, posters, banners, and flyers. The photographs will always be dignified and we will always seek parental consent for use of photographs in any advertising. As part of the children activities they may be provided with basic video devices to create recording that will played with in the setting. This is used as learning tool and will only be used publicly with parents consent.

Pets – Within Little Inspirations there are various pets such as hamsters, water snails, tortoise and fish. All Children will be encouraged to interact with the animals on a day to day basis. On arranged occasion the setting may invite organization to attend the setting such zoo lab or city farm etc, for the children to have contact with varies animals.

Sun Cream – During hot weather we ask parents to provide their child with sun cream protection. Where children are capable of applying the cream the staff will just supervise. In the event that child is not able to apply the cream the staff will assist as long as consent has been given. The company will supply factor 50 children sun cream in case the weather changes.

Face Painting- as part of arts /crafts and to assist the children with any drama or imaginary play we would like to allow the children to face paint others or themselves. This may also be done for special events. The setting will provide the children with appropriate paint and brushes for this.



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I have read the information on the consent page and I fully understand the reasons for consent being required. Below is the list of what I do and not give consent for. Please accept this as my instructions for the care of my child whilst at the setting. I fully accept that this is part of the terms and conditions and the contract between myself the parent/carer and the company.

	I Consent (Please sign)	I do not consent (please sign)	Date
First Aid			
Emergency Medical Care			
Outings			
Photographs and videos			
Pets			
Sun Cream			
Face Painting			



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Rhydyfelin contract

Child's name _____

Start date required _____

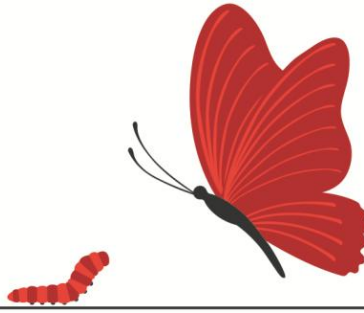
Sessions required

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
Long day (7 – 6)					
Full day (7-5)					
Full day (8-6)					
Morning (8 -1)					
Afternoon (1 -6)					
Hourly					

- Fees must be paid in advance for the for the next month by the end of the current month
- All sessions must be paid for even when your child does not attend.
- Any decreases in attendance or notice, must be given in writing 28 days in advance.
- There will be no charge for Bank Holidays or when the nursery is closed over Christmas.
- If I require any additional sessions I will be asked to sign an extras book, payment for any extra sessions must be made in advance. Even if the place is not used, once booked, I will still be charged for that session.
- By signing this contract I am agreeing to the company terms and conditions and policy and procedure that are found in the parent hand book, statement of purpose and notice boards, failure to do so will lead to my child's place being withdrawn.
- This includes no use of mobile phones whilst on site and no smoking including e cigarettes or any other devices that represents smoking whilst in the surrounding facilities such car park, garden and in the building.

Parent/guardian Signature: _____ date _____

staff signature: _____ date _____



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Flying start contract for Rhydyfelin

Child's name _____

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 9:15 - 11:45					

- By signing the contract I am agreeing to my child attending the above sessions and I agree that I will make every effort to get my child to setting on time and to have good attendance.
- By signing this contract I am agreeing to the Flying Start childcare Attendance Policy and Procedure.
- I am aware that the setting will be shut during school holidays except for the first three weeks of summer holidays.
- I am fully aware that the setting will be closed for training days.
- By signing this contract I am agreeing to the company terms and conditions and policy and procedure that are found in the parent hand book, statement of purpose and notice boards.
- This includes no use of mobile phones whilst on site and no smoking including e cigarettes or any other devices that represents smoking whilst in the surrounding facilities such car park, garden and in the building.
- I am fully aware that this placement is funded by the Welsh government scheme and I will receive no charge for the sessions.

Parent signature _____ date _____

Flying start staff _____ date _____