



LITTLE INSPIRATIONS

DAY NURSERY

Enrolment Form for under 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. | |

Milk Feeding Chart

| Age of child | Name of formula milk | Quantity of milk | Normal milk feed times | Date information given |
|--------------|----------------------|------------------|------------------------|------------------------|
| | | 1st | 1st | |
| | | 2nd | 2nd | |
| | | 3rd | 3rd | |
| | | 4th | 4th | |
| | | 1st | 1st | |
| | | 2nd | 2nd | |
| | | 3rd | 3rd | |
| | | 4th | 4th | |
| | | 1st | 1st | |
| | | 2nd | 2nd | |
| | | 3rd | 3rd | |
| | | 4th | 4th | |

(under 2's only) Weaning Chart

| Type of solid food | Quantity of food | Time of feed |
|--------------------|------------------|--------------|
| | | |
| | | |
| | | |

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 _____



LITTLE INSPIRATIONS

DAY NURSERY

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 and our web site. Photographs 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.

Social Media- We use social media as a way of sharing what is happening in our settings, please let us know if you wish for your child's image to be used. We currently use Facebook, Twitter and Instagram.



LITTLE INSPIRATIONS

DAY NURSERY

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 | | | |
| Social media i.e. Facebook Instagram Twitter` | | | |



Llantrisant 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 _____



Allergy or Intolerance

Food allergies occur when the body's immune system acts against a protein within a food known as the allergen. Antibodies are produced as part of this response and a complex chain of events leads to the release of histamine. This causes symptoms such as eczema, asthma, rashes, rhinitis, and conjunctivitis and, in its most severe form, life threatening anaphylaxis. Symptoms are often seen within minutes after exposure to the allergen. **Food intolerances** don't involve the immune system and is rarely life threatening. Reactions tend to occur hours or days after ingesting the culprit food. The reaction is due to an inability to properly digest a food. The most common childhood food intolerance is lactose intolerance, where the body doesn't produce enough lactase (the enzyme that breaks down lactose), the sugar found in milk. Symptoms of food intolerance vary enormously but include nausea and vomiting, diarrhoea, abdominal pain, skin irritation and changes to the mucus linings of the nose and throat.

Food allergy intolerance procedure

If you are aware of your child have food intolerance or any allergies please inform the nursery before your child starts with us or as soon as you know.

The setting will do the following

- Ask the parent to complete an allergy form explaining what the child is allergic to or has intolerance to and how it affects them if they eat that particular food.
- Parents / carers will be asked to complete a handover form.
- All staff will be given the form to read and sign so that they understand the child's needs.
- The staff must inform the cook, housekeeper and management.
- The child's allergy form must be put in the file which is kept in the kitchen and also with their enrolment form.
- Alternative foods will be bought for the child.
- If any training is required, the setting will make the arrangements to ensure that staff has an understanding.



Food Allergy/intolerance form

| |
|---|
| Child's Name: |
| Date of birth: |
| Date of allergy/intolerance confirmed or suspected: |
| Parent/Carer Name: |
| What is the allergy to? |
| What treatment is to be given, if any? |
| What is the reaction to the food/substance? |
| Any medication to be administered? (if so complete medication form) |
| Any professional staff training needed? E.g. Epi pens |

If the child still develops any of the symptoms described above after all procedures have been followed then parents will be informed immediately and medical help will be sought.

Parent/Carer signature:

Date:

Staff signature:

Date