

TINY TOTS DAY NURSERY

ENROLMENT FORM FOR A NEW CHILD.

Child's Surname _____ First Name(s) _____

Date of Birth _____ Religion _____

Address _____
_____ Post Code _____

Telephone (Home) _____ Email Address _____

Mother's Surname _____ First Name(s) _____

Work Address _____

Telephone (Work) _____ Mobile _____

Father's Surname _____ First Name(s) _____

Work Address _____

Telephone (Work) _____ Mobile _____

Third Contact Name _____ Phone Number _____

Address _____

Relationship to Child _____

Doctors Name _____

Practice Telephone _____

Medical History: (Illnesses, Operations, Allergies, etc)

Immunisations: Y/N Polio Tetanus Diphtheria MMR

Others _____

Diet: Likes _____

Dislikes _____

Any special diet due to health, religion or culture reasons?

What Language is spoken at home _____

Culture: Is there any cultural or religious traditions you would like the Nursery to observe?

Does your child have any fears. (e.g. hoovers, dogs)

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PLEASE READ THE FOLLOWING CAREFULLY -
YOU WILL BE ASKED TO SIGN THAT YOU HAVE READ AND UNDERSTOOD

I agree that the Nursery's fees will be paid monthly in advance, on the 3rd of each month.
Full fees are payable 52 weeks of the year.

I agree to give the Nursery one months notice in writing if I wish to terminate my child's
Nursery place, or payment of one months fees will be charged in lieu.

I understand that the nursery withholds the right to terminate my child's place at any time if the staff feel
verbally abused, intimidated or feel that I am overly rude to them.

The Nursery's fees will be charged from the start date you have given.

START DATE

Sessions Required:

FULL TIME (Monday - Friday)
(8a.m - 6 p.m)

Monday

Tuesday

Wednesday

Thursday

Friday

DAILY (8 a.m -6 p.m)

PART TIME (Over 2's only)

AM (8 a.m. - 6 p.m.)

I declare that all the information given is correct and I shall notify the nursery of any changes.

I understand that I will be charged in the event of my child being collected after 6.30 p.m. at a rate of
10.00 for every 5 minutes.

I understand that I will also be charged a late fee of £30 the first late day and £10 for
every other day that my fees are paid late.

I understand that Nursery has an obligation to inform the appropriate Social Services department
if they feel in any way concerned with the well-being or care of my child.

I agree to my child being taken on outings or visits when accompanied by nursery staff.

I agree to my child being seen by a doctor / emergency services and receiving any emergency treatment
necessary in case of an emergency.

I agree to my child being given Calpol medicine if my child is ill and the Nursery feels immediate
steps should be taken to make my child more comfortable.

I agree to my child's photos to be taken and displayed around the room and in my child's personal folder.

The above data will be kept for the time that your child remains in our care.

The data provided will not be shared with any third parties without your prior consent.
If any of the above data changes please keep us updated.
If you wish any data to be removed at any time please let me know.

SIGNED _____ Parent/Guardian

PRINT NAME _____ Date: ____ - ____ - ____