

WINDMILL PRE-SCHOOL ENROLMENT FORM



Child Start Date: _____

Contact Details:-

Child's Name: _____ **Date of Birth:** _____

Ethnic Origin: _____

Mother's Name: _____ **Father's Name:** _____

Home Address: _____ **Home Address:** _____

Home Telephone: _____ **Home Telephone:** _____

Work Telephone: _____ **Work Telephone:** _____

Mobile: _____ **Mobile:** _____

Email address: _____

**Who has legal parental responsibility for your child? Mother/Father. We will need to see your child's birth certificate for verification of details.
Please give the name and telephone number of another family member or friend who we can contact if neither parent can be reached:**

- Please circle above the number or numbers you wish us to try first if there is an emergency.
- Details of authorised person to collect child

Name: _____ **Address:** _____

Contact details:

Name: _____ **Address:** _____

Contact details:

Sessions required

Monday		Tuesday		Wednesday		Thursday		Friday	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Child's Medical Details: _____ **Child's NHS No:** _____

Doctor's Name: _____ **Dentist's Name:** _____

Telephone No: _____

Address: _____

1. Does your child have any allergies Yes/No
2. Has she/he had any serious illnesses, injuries or operations Yes/No
3. Does she/he have any health problems which we at Pre-School should know about Yes/No
4. Does she/he need to take regular medicines or have a special diet Yes/No
5. Are there any special home circumstances which you feel we should know about? Yes/No
6. Do you currently have any involvement with a social worker or have you previously? Yes/No
7. Do you have other children? Yes/No Please give details of where they attend overleaf
If you answer yes to any of the above, please give details overleaf

7. Has she/he had all the usual childhood immunisations? Yes/No
8. When did she/he last have an anti-tetanus injection?
9. Are there any problems which would require us to exclude your child from an activity? Yes/No

Do you give permission for:	Yes	No	Signature
An open wound to be covered with a hypo/allergenic plaster?			
A senior member of staff to accompany your child to hospital in an ambulance should he/she require treatment?			
A senior member of staff to carry out any necessary medical treatment?			
Sun cream to be applied to your child?			
A senior member of staff to administer prescribed and non prescribed medication as necessary? Eg Calpol			
My child to attend Forest School sessions			
At times we may take photographs of the children for promotional or training purposes. Please respond to the following: In house displays around the setting Class Learning Diaries Potentially photographs to appear on our website: www.windmillpreschoolbrill.com On Parents/Carers closed Facebook page – I agree not to share any photographs from Windmill Pre-School on social media			
A member of staff to be given permission to take your child out of Pre-School eg for a walk around school grounds or around the village			

**PLEASE ENCLOSE A £25 NON-REFUNDABLE REGISTRATION FEE TO SECURE YOUR CHILD'S PLACE
(applies if your child is unfunded)**

How did you find out about us? ie recommendation, Bernwode News other?

]Signed by:

Signed: _____ **Name:** _____ **Date:** _____

Signed: _____ **Name:** _____ **Date:** _____

Please note we cannot guarantee an increase or any changes to your child's sessions during the academic year.

All the information provided by you on this form will be used for the safety and wellbeing of your child and will only be shared in accordance with our Data Protection Policy