



Bell House Nursery

Quality Childcare

4
Moss Lane, Godalming GU7 1EF
Telephone: 01483 425138
Email: clare@bellhousenursery.co.uk

ENROLMENT DETAILS

*The **General Data Protection Regulation (GDPR)** is a regulation in EU law on data protection and privacy for all individuals within the European Union. In compliance with current UK Data Protection legislation 2018, any information you provide here will be kept secure and treated confidentially. Please read our Privacy notice on how we store and use our data.*

CHILD'S INFORMATION			
Child's Name	First:	Middle:	Last:
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Religion:
Birth date: / /	Present Age:	Ethnicity:	
Language spoken:	1 st	2 nd (if applicable)	
		Address:	
		Postcode:	
Child's Birth Certificate No:		Date Registered:	
Parent/Carer 1 (name)		Parent/Carer 2 (name):	
Occupation:		Occupation:	
Relationship to Child:		Relationship to Child:	
Address:		Address:	
Postcode:		Postcode:	
Home Tel:		Home Tel:	
Mobile Tel:		Mobile Tel:	
Work Tel:		Work Tel:	
Email:		Email:	
Which of these parents does the child normally live with and has parental responsibility?			
Do both parents have legal access to the child			<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please provide documents/details to support this:			

IN CASE OF EMERGENCY

Please provide mobile and emergency contact numbers for each parent

Parent/Carer 1:	Parent/Carer 2
Mobile:	Mobile:
Emergency Contact Tel. Number:	Emergency Contact Tel. Number:

Please provide two other emergency contact telephone numbers of people who would collect your child if you were unavailable:

Name:	Name:
Telephone Number:	Telephone Number:
Relationship to child:	Relationship to child:

Persons authorised to collect your child (including parents and emergency contacts. Must be over 16 years of age)

1)	Relationship to child:
2)	Relationship to child:
3)	Relationship to child:

I can confirm that I have permission from all the individuals I have provided details of to hold this information as part of your data.

Parent (name): _____ Signed: _____ Date: _____

MEDICAL INFORMATION

Please provide this information as this is essential

Doctor (name):	Health Visitor (name):
Address:	Address:
Telephone Number:	Telephone Number:

Is your child fully immunised to date? Yes No

Does your child have **allergies**? Yes No

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Details of Allergens:</div> 	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Symptoms to look out for:</div>
--	--

Action to take: (999/phone	Medication required:		
Please note that due to health warnings on products, we may have food in the nursery that although nut free may say ‘may contain traces of nuts’ or ‘made in a factory that also handles nuts’			
Does your child have any specific dietary requirements and/or activity exclusion requests?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes – please give details			
Will your child be taking any long-term medication whilst attending nursery?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes – please complete a long-Term Medication Form as further information will be required			
Does your child require additional support whilst at nursery?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes – please give details			
Does your child have any specific likes, dislikes or fears?			

SESSION INFORMATION

On what date would you like your child to start nursery?

Start Date: / /

Which sessions and days do you want your child to attend? *(please tick off which sessions you require)*

	AM/PM 8 am – 1 pm 1 pm – 6pm	Full Day (FD) 8-6pm Ext Full Day (EFD) 7.00-6.30pm			TERM TIME only (preschool only)
Monday					<input type="checkbox"/> Yes <input type="checkbox"/> No
Tuesday					
Wednesday					
Thursday					
Friday					

OTHER INFORMATION

Do you wish to receive our newsletter and any other information pertaining to the nursery?

Yes No

If yes – please provide email address to be used:

Child's observations:

I / we understand that ongoing observations will be undertaken of the above-named child, to follow and assess their development whilst attending nursery. These may be in the form of writ or photographs.

Parent (name):

Signed:

Date:

Information sharing:

Safeguarding

At Bell House nursery we are committed to safeguarding the welfare of our children. If we have a safeguarding concern about a child, we will follow our safeguarding procedures and information sharing protocol.

Information sharing between settings

Where children receive education and care in more than one setting, the Early Years Foundation Stage requires practitioners to share relevant information with each other. In line with this, we will actively seek opportunities to share information about your child with any other practitioners (Childminders, schools, etc.) who care for your child. This may involve verbal communication or the sharing of developmental records.

I / we understand the above statements and that the nursery will share relevant information with any other settings and outside agencies involved in the education and welfare of my child.

Parent/Carer (name):

Signed:

Date:

Other important information:

I will inform the Officer in Charge of any changes or incidents which may be relevant to the care of my child, including 4 weeks written notice to terminate my child's nursery place.

I am aware that in order to retain my child's nursery place there are no discounts when my child is absent for reasons such as holiday or sickness.

I confirm that I accept Bell House Nursery's Policies & Procedures and Privacy Notice (which are kept within the Nursery's Office).

I confirm that I accept and agree to Bell House Nursery's Terms and Conditions (2018)

I enclose the £50 registration fee.

And agree to the one month's deposit.

I confirm that the above information is correct and true to the best of my knowledge.

Signature:

Date:

Print:

Relationship to Child:

For office use only:

£50.00 registration fee received

PARENTAL CONSENT FORM

CHILD'S INFORMATION			
Child's Name	First:	Middle:	Last:
ROUTINE OUTINGS			
<p>I agree for the above-named child to go on routine outings whilst attending Bell house Nursery. I understand that the minimum adult : child ratio will be adhered to.</p> <p>If the nursery organizes an outing, written consent will be requested prior to that specific outing from a parent / guardian if they will / will NOT be attending.</p>			
Parent / Guardian's name (block capitals)			Date:
Signed:			
PHOTO PERMISSION			
<p>We regularly take photographs of the children in our setting as evidence of the curriculum provided and of each individual's child's progress. We sometimes use these photographs to promote our setting such as for the local newspaper or our website. Please indicate whether you give permission to take photograph and/or video images for the of your child whilst attending Bell House Nursery</p>			
I give permission for the above named child's photograph / video image being taken for nursery use (e.g. individual profiles , wall displays			<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES – please fill in your name, signature and date			
Parent / Guardian's name (block capitals):			Date:
Signed:			
I give permission for the above named child's photograph being used outside the nursery (e.g. newsletter, local press and website)			<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES – please fill in your name, signature and date			
Parent / Guardian's name (block capitals):			Date:
Signed:			
EMERGENCY MEDICAL ASSISTANCE / TREATMENT			
I agree for the above named child to receive emergency medical assistance / treatment if require.			
Parent / Guardian's name (block capitals):			Date:
Signed:			
PLASTERS			
As far as I am aware, the above mentioned child is NOT allergic to plasters and I hereby give permission to the nursery staff, applying a plaster to any minor cuts or injuries to the above mentioned child, whilst at Bell House Nursery.			
Parent / Guardian's name (block capitals):			Date:
Signed:			

COLLECTION OF CHILDREN / PASSWORD INFORMATION

At our nursery we require a password, this is a safeguard to ensure that, in an emergency, a friend or relative, can collect your child. Please note that nobody can collect your child, unless they have your password and that we require prior notice that someone else will be collecting your child. Please choose your family password and write it in the box below:

Password:

SUN PROTECTION CREAM APPLICATION

The Nursery strongly recommends use of sun protection for all children. I hereby agree for sun protection cream to be applied to the above mentioned child by the Nursery staff. I agree to provide sun protection cream for my child, and in emergency situations nursery staff can apply sun cream supplied by nursery.

Parent / Guardian's name (block capitals):

Signed:

Date:

MEDICINES

The Nursery does not *usually* administer medicines which have not been prescribed by a doctor, dentist, pharmacist or nurse. We will allow parents / guardians to bring the following medication into nursery for administration with prior consent (there must be a health reason to do so):

- All prescribed medicines (with original box / container, with prescription label displayed)
- Infant liquid Paracetamol /Calpol
- Teething gel/ Teething granules

Please note that all medication must be clearly labeled with your child's name on it, which we will keep in a secure place on your behalf. Each child has a **medicine form** which you are required to sign before AND after administration which records all relevant information.

Administration of emergency medication:

The nursery will also keep sachets of liquid paracetamol on the premises as we feel this could aid a child's pain and fever relief. The Officer / Deputy Officer in Charge will only allow administration the above medication in the appropriate dose if in their opinion there is a health reason to do so (e.g. extreme high fever may cause a febrile convulsion in infants).

I can confirm my child has previously been given Paracetamol, and has had NO allergic reaction to it.

Yes

No

I give permission for the above named child to be administered liquid Paracetamol in the appropriate dose if the Officer / Deputy Officer in Charge feels there is a health reason to do so (if this is necessary, every effort will be made to notify parents by phone to gain verbal consent before administration

Yes

No

If **YES** - please fill in your name, signature and date

Parent / Guardian's name (block capitals):

Signed:

Date:

ONLINE PROFILES

We follow the Early Years Foundation Stage and each child has a learning journey which we complete online. Learning Books is an Electronic Learning Journey which uses a secure hand held tablet to collect not only photographs, but also videos and audio clips as well. These will be linked to the appropriate areas of the EYFS, and we use this to track your child's learning and development. Each room has their own tablet and the information is stored on a secure server which is encrypted and password protected, so it can only be accessed by the parents and Bell House staff.

- I give consent to the use of Online profiles

Yes

Parent / Guardian's name (block capitals):

Signed:

Date: