

REGISTRATION AND ENROLMENT FORMS:

Please supply all the details requested and return the form to the Nursery Manager or Puss 'n' Boots Day Nursery, 2 Lindsay Road, Branksome Park, Poole, Dorset. BH13 6AR

PLEASE USE BLOCK CAPITALS TO COMPLETE THE FOLLOWING INFORMATION:

LAST NAME:	
FIRST NAME:	MIDDLE NAME:
NICKNAME OR PREFERRED NAME:	
EXPECTED DUE DATE OR DATE OF BIRTH:	
START DATE:	
MALE/FEMALE	
Please note spoken language at home:.....	
PARENTS OR GUARDIANS:	
(1) Last name:	First Name:
Relationship to Child:	
Address:	
Postal Code:	Email:
Home Phone:	Work Phone:
Mobile contact:	
Employer:	
(2) Last name:	First Name:
Relationship to Child:	
Address:	
Postal Code:	Email:
Home Phone:	Work Phone:
Mobile contact:	
Employer:	
Please tick your preferred method of contact.	
Please highlight above the parent/guardian with whom the child normally lives.	
OTHER EMERGENCY CONTACT:	
Name:	Relationship to Child:
Home Phone:	Work or Mobile contact:

AUTHORISATION FOR PICK UP

Your child will only be released to an authorised person listed on this form (Parent/Guardian and/or emergency contact) In case of an emergency or unforeseen circumstance, please indicate the name, address and phone number of any other person/s authorised to collect/pick up your child.

NAME:	ADDRESS:	PHONE:
*	*	*
*	*	*
*	*	*

A Parent/Guardian's verbal authorisation for pick up must be received before your child will be released to anyone not listed here. The person must bring Identification in the form of driving licence or passport

MEDICAL INFORMATION:				
DOCTOR:			PHONE:	
ADDRESS:				
POSTCODE:				
ALLERGIES:				
MEDICAL DDA OR SEN NEEDS:				
MEDICATION:				
ADDITIONAL INFORMATION (dietary requirements)				
DAYS REQUIRED - PLEASE CIRCLE AND WRITE EITHER AM, PM OR FT (for 8.30am - 5.45pm) BELOW EACH DAY.				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
_____	_____	_____	_____	_____
EMERGENCY CONSENT:				
<p>It is the policy of Puss 'n'Boots Day Nursery to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for your child. Our procedure is to phone an ambulance or take your child to the nearest emergency department. Please note that by signing this form you agree for such action to take place on behalf of your child.</p> <p>Parents are asked to make themselves aware of the Nursery policies and procedures when starting at Puss 'n' Boots Day Nursery, a copy of which is displayed on the parent's noticeboard or you may request a copy to take home and familiarize.</p> <p>I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD WHEN ILL/INJURED TO BE TAKEN TO THE NEAREST EMERGENCY DEPARTMENT BY TWO STAFF OF PUSS 'N' BOOTS DAY NURSERY WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED WHERE NECESSARY.</p> <p>I WISH TO APPLY FOR ADMISSION OF THE ABOVE NAMED CHILD TO PUSS 'N' BOOTS DAY NURSERY. I received and read the Nursery and Parent Agreement and agree to comply with it and any other conditions which may be required in future.</p>				
PARENT/GUARDIAN SIGNATURE:			PARENT/GUARDIAN SIGNATURE:	
PRINT:			PRINT:	
DATE:			DATE:	
<p>Please state the date you wish your child to start within the setting: _____</p> <p>For our future reference could you please indicate how you heard about the Nursery:</p>				

For office use only:

Acknowledgement of enrolment forms sent:

Agreed space over the phone:

Confirmation letter sent:

Deposit paid:

Settling sessions agreed and confirmed:

Start date: