BANK HALL KINDERGARTEN

ENROLMENT FORM

Please fill in all the details requested and return the form to: The Manager, Bank Hall Kindergarten, Bank Hall Drive, Bretherton, Leyland, PR26 9AT. Tel: 01772 601346

Email: enquiries@bankhallkindergarten.co.uk

**PLEASE USE BLOCK CAPITALS**

|  |  |
| --- | --- |
| Full Name of Child |  |
| Date of Birth |  | Gender |  |
| Address  |  |
| Postcode |  |
| Religion |  |
| Ethnic Origin |  |
| Child’s First Language |  |
| Place of birth |  |
| ID document supplied |  |
| Registration fee attached |  Cash / cheque / paid by Bank Transfer on / / 20 |
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| Days of Attendance required |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| 07.45am - 8.00 am |  |  |  |  |  |
| 8.00 am- 6.00pm |  |  |  |  |  |

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| Date I would like my child to start at the Kindergarten |  |
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| Name of Contact 1 | Mr/Mrs/Miss/Ms |
| Relationship to child |  | Parental responsibility |  Yes / No |
| Home Address |  |
| Postcode |  |
| Home Telephone No |  | Mobile No |  |
| Email address |  |
| Name of Employer |  | Occupation |  |
| Address |  |
| Work Telephone No |  |

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| --- | --- |
| Name of Contact 2 | Mr/Mrs/Miss/Ms |
| Relationship to child |  | Parental responsibility |  Yes / No |
| Home Address |  |
| Postcode |  |
| Home Telephone No |  | Mobile No |  |
| Email address |  |
| Name of Employer |  | Occupation |  |
| Address |  |
| Work Telephone No |  |

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| --- | --- |
| Name of Contact 3 | Mr/Mrs/Miss/Ms |
| Relationship to child |  | Parental responsibility |  Yes / No |
| Home Address |  |
| Postcode |  |
| Home Telephone No |  | Mobile No |  |
| Email address |  |
| Name of Employer |  | Occupation |  |
| Address |  |
| Work Telephone No |  |

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| Emergency contacts / persons authorised to collect your child |
| Name | Relationship to child | Home Number | Mobile Number | Work Number |
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| Password for Collection |  |

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| Name of Child’s Doctor  |  |
| Address & Postcode |  |
| Telephone Number |  |

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| --- | --- |
| Name of Child’s Health Visitor  |  |
| Address & Postcode |  |
| Telephone Number |  |

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|  Name of Dentist  |  |
| Address & Postcode |  |
| Telephone Number |  |

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| Any other agency details i.e Speech Therapist  |  |
| Address & Postcode |  |
| Telephone Number |  |

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| Social Care Worker (if applicable)  |  |
| Address & Postcode |  |
| Telephone Number |  |

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| Details of any allergies or disabilities or procedures prohibited for Medical, religious or other reasons: |
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| Please indicate if your child should not be given certain food or drink on the following grounds: |
| Medical: |
| Religious: |

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| Injections/ immunisation details |
| AGE  | VACCINE GIVEN | DATE GIVEN |
| 8 weeks | DTaP/IPV/HibPneumococcal conjugate vaccine (PCV)MenB2Rotavirus |  |
| 12 weeks | DTaP/IPV/HibRotavirus |  |
| 16 weeks | DTaP/IPV/HibMenB2PCV |  |
| 1 year old | Hib/MenC boosterPCV boosterMMRMenB booster2 |  |
| Two to eight years old  | Live attenuated influenza vaccine LAIV  |  |
| Three years four months old | DTaP/IPVMMR |  |

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| Names and ages of any brothers or sisters: |
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| Is there anything else, which you think we should know about your child? |
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| Does your child have any additional needs? (please provide extra sheet if necessary) |
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| If your child will be attending another setting please give details below: |
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| Which Primary School will your child be attending ? (if known) |
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| Please sign the following individual consents to confirm your agreement: |
| I agree that Bank Hall Kindergarten has the right to call an ambulance in any emergency and/or escort my child to the emergency department of the nearest hospital and to await my arrival. Any decision regarding my child’s care in the meantime will be made by the Emergency Department of the hospital. |  |
| I agree to abide by the 48 hour exclusion policy if my child displays signs of sickness and / or diarrhoea |  |
| I herby give my consent for my child to leave the Kindergarten under supervision for local walks/outings. |  |
| I herby give my consent in contacting my child's Health Visitor to share information regarding his/her development – and share my child’s 2 year old progress check with relevant professionals |  |
| I herby give my consent for staff to apply sun cream (which I will provide) as and when necessary during warmer weather. (I will also ensure my child has had sun cream applied before attending the kindergarten each day as necessary. |  |
| I herby give my consent for staff to apply creams (such as sudocrem) if necessary to relieve discomfort |  |
| I herby give my consent to use antihistamine should the need arise (parents will be contacted and informed of such) |  |
| I herby give my permission for staff to apply teething gel if necessary to relieve discomfort following the recommended dosage. |  |
| I herby give my consent for my child to have his/her face painted during special events organised at the Kindergarten. |  |
| I herby give my consent for my child’s photograph to be taken to form part of room displays, be included on iconnect observation software and taken for special events. My Child’s photograph may also appear within another child’s online Learning Journal when a group photo is taken. |  |
| I herby give my consent for practitioners to video my child using the Kindergarten Ipads to form part of evidence of his/her Learning and Development. |  |
| I hereby give my consent for my child's photograph to be used in the Local press following photo's taken at events such as a fundraising day or part of extra curriculum activities. |  |
| I agree for plasters to be applied to my child as necessary |  |
| If my child suffers from an allergy or allergic reactions, I agree for his/her photo and relevant information be displayed in appropriate room/kitchen for staff information |  |
| I herby give my permission for my child's photograph to be displayed on the kindergarten website |  |
| I herby give my consent for guidance to be sought via our SENCO to the Early Years team should my child require any additional support |  |
| I herby give my consent to my personal information being used to manage my account and to provide tailored care to my child.I agree to you contacting me by phone, email and the ParentZone app to provide me with updates, share relevant news and to send childcare bills. (data is held in secure data centres and can only be accessed by authorised personnel, personal information will not be shared with any third parties) |  |

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| I wish to apply for the above named child to be admitted to Bank Hall Kindergarten. I have received and read the Terms and Conditions of the Kindergarten dates September 2018 and agree to comply with them and with any other conditions, which may be required in the future.I herewith enclose a cash/cheque payment / have transferred the payment, of £100 to cover the registration fee which I understand will be deducted from my final months fees. I accept the condition that this is a non-refundable deposit and it will NOT be returned in the event of a cancellation.I understand that I will be shown the current Policies and Procedures of the Kindergarten and agree to Bank Hall Kindergarten caring for the above named child within the terms stated therein.I agree to providing information requested within my child’s individual “All about Me” booklet and to completing the “What to expect and When” document during my child’s first visit.I understand that one months written notice must be given prior to removal from the Kindergarten or full months fees shall be payable. |
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| Signature of Parent/ Legal Guardian |  |
| Date |  |

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| preferred email address to receive monthly invoices |  |

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| For future reference, please indicate how you heard about the Kindergarten |
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| **FOR OFFICE USE ONLY** |
| Date Enrolment Form Received |  |
| Registration Fee Received |  |
| Starting Date Required |  |
| Date Child Started |  |
| Date Child Left |  |
| Reason for Leaving |  |