

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		

Days of Attendance required					
	Monday	Tuesday	Wednesday	Thursday	Friday
07.45am - 8.00 am					
8.00 am- 6.00pm					

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			

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			

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			

Emergency contacts / persons authorised to collect your child				
Name	Relationship to child	Home Number	Mobile Number	Work Number

Password for Collection	
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Name of Child's Doctor	
Address & Postcode	
Telephone Number	

Name of Child's Health Visitor	
Address & Postcode	
Telephone Number	

Name of Dentist	
Address & Postcode	
Telephone Number	

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

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

Details of any allergies or disabilities or procedures prohibited for Medical, religious or other reasons:

Please indicate if your child should not be given certain food or drink on the following grounds:
Medical:

Religious:

Injections/ immunisation details		
AGE	VACCINE GIVEN	DATE GIVEN
8 weeks	DTaP/IPV/Hib Pneumococcal conjugate vaccine (PCV) MenB2 Rotavirus	
12 weeks	DTaP/IPV/Hib Rotavirus	
16 weeks	DTaP/IPV/Hib MenB2 PCV	
1 year old	Hib/MenC booster PCV booster MMR MenB booster2	
Two to eight years old	Live attenuated influenza vaccine LAIV	
Three years four months old	DTaP/IPV MMR	

Names and ages of any brothers or sisters:

Is there anything else, which you think we should know about your child?

Does your child have any additional needs? (please provide extra sheet if necessary)

If your child will be attending another setting please give details below:

Which Primary School will your child be attending ? (if known)

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 hereby give my consent for my child to leave the Kindergarten under supervision for local walks/outings.	
I hereby 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 hereby 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 hereby give my consent for staff to apply creams (such as sudocrem) if necessary to relieve discomfort	
I hereby give my consent to use antihistamine should the need arise (parents will be contacted and informed of such)	
I hereby give my permission for staff to apply teething gel if necessary to relieve discomfort following the recommended dosage.	
I hereby give my consent for my child to have his/her face painted during special events organised at the Kindergarten.	
I hereby 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 hereby 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 hereby give my permission for my child's photograph to be displayed on the kindergarten website	

I hereby give my consent for guidance to be sought via our SENCO to the Early Years team should my child require any additional support	
<p>I hereby give my consent to my personal information being used to manage my account and to provide tailored care to my child.</p> <p>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)</p>	

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.

Signature of Parent/ Legal Guardian	
Date	

preferred email address to receive monthly invoices	
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For future reference, please indicate how you heard about the Kindergarten

FOR OFFICE USE ONLY	
Date Enrolment Form Received	
Registration Fee Received	
Starting Date Required	
Date Child Started	
Date Child Left	
Reason for Leaving	