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**33 Forster road 100 Lansdowne road**

Tottenham 07956426878 Tottenham

London 02088855449 London

N17 6QD 07908543901 N17 9XX

[**www.morningstarnursery.co.uk**](http://www.morningstarnursery.co.uk)

**ENROLEMENT FORM** Please circle your chosen branch- **FORSTER ROAD LANSDOWNE ROAD**

**Child’s Name:**

**Date of Birth: NHS Number:**

**First Language:**

**Religion/ Gender**

**Child’s Ethnicity:**

**Parent/Guardian Details**

**Parent Name:**

**Date of Birth: NI Number:**

**Home Address:**

**Post Code:**

**Home Telephone: Work Telephone:**

**Mobile:**

**Email:**

**Please circle required services: am=8am- 1pm pm= 1pm- 6pm**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Monday**  **Am PM** | **Tuesday**  **AM PM** | **Wednesday**  **AM PM** | **Thursday**  **AM PM** | **Friday**  **AM PM** |

|  |  |
| --- | --- |
| **Settling in dates:** | **Start date:** |

**AUTHORISED PEOPLE WHO MAY COLLECT YOUR CHILD/EMERGENCY CONTACTS**

In the event of you being unable to collect your child from nursery, we require details of any persons (who must be over the age of 16) who may do so on your behalf. Please complete the form in full. The nursery will not allow a child to leave the premises with anyone of whom we do not have details of. Please inform us before hand with anyone other than the main carer who will be collecting your child.

**Authority 1 Authority 2**

Name.......................................................... Name.......................................................

Address...................................................... Address...................................................

Phone Number.......................................... Phone Number.......................................... Mobile Number...................................... Mobile Number........................................

Please select a password which you can give to a person you authorise to collect your child.

**PASSWORD................................................**

**Child’s General Practitioner Details**

**Doctor’s Name:**

**Doctor’s Address:**

**Telephone:**

**Medical info (Allergies/ Medical Conditions or Dietary etc):**

**Special Needs to Educational/ Disability/Child seeing any specialists i.e. Speech & Language Therapist, Physiotherapist.**

**Previous Nursery Attended:**

**Start Date: End Date:**

|  |  |  |
| --- | --- | --- |
| **Age due** | **Immunisation** | **Date** |
| 3 months | D,T,W & Polo &Hib |  |
| 4 months | D,T,W & Polo &Hib |  |
| 6 months | Pev 2P |  |
| 12-18 months | MMR |  |
| 3-5 years | D,T,P |  |

**Table Code:**

D, T, W = Diphtheria, Tetanus and whooping cough

MMR= Measles, Mumps and Rubella, D, T, P= Diphtheria, Tetanus and Polo

**I give permission for Morning Star to administer the following medicines or treatments to my child when there is a medical need, for example, teething** **gel or** **plasters.**

**I give permission for any emergency medical advice or treatment as considered necessary by medical authorities present.**

* I do/do not give permission for my child to be taken off the premises for local amenities.
* I do/do not give permission for my child to be taken off the premises for long distance outings.
* I do/do not give permission for my child to be included in any photographs taken for the use of publicity such as local papers or websites.
* I do/do not give permission for my child to be included in any photographs/videos taken by other parents of the nursery.
* I do/do not give permission for my child’s transfer records to be posted to their school.
* I do/do not give permission for nursery staff to apply sunscreen to my child as appropriate.
* I do/do not give permission for my child to be taken to hospital in an emergency.
* I do/do not give permission for nursery staff to visually examine my child should they have any concerns.
* I do/do not give permission for nursery staff to check my Childs hair for head lice’s
* I do/do not give permission for the Nursery to give emergency medical treatment to my/our child.
* I do/do not acknowledge that neither Morning star Nursery, any of its holding companies or staff shall incur any liability whatsoever in relation to practitioner’s decision to administer such treatment or the treatment itself.(Every effort will be made to contact a parent or authorised person before agreement is auctioned.)

**Parent/ Guardian name: Parent / Guardian name:**

**Signed: Signed:**

**Date: Date:**

**Further Information**

Is there anything else we should know about your child or family? ............................................................................................................................................................................................................................................................................................................................................................................................................

Morning Star Nursery closes on public holidays and for approximately 10 days over the Christmas period. Please note, that parents and carers are requested to make payment whilst the nursery is closed, fees ae payable. We also close for 1 day during the summer period for an annual trip. Parents and children are invited to the zoo, sea-side or an amusement park. We also close for three inset days over the course of the year.

**Non-attendance**

Please inform the nursery manager if your child cannot attend. Please note full payment is required during all periods of non-attendance.

**Declaration**

I/we will inform the nursery in writing when any information contained on this enrolment changes. I understand that the information given on this registration form is confidential. However, there may be times, for example in the case of child protection concerns, when details may be passed to other agencies in line with the child protection policy.

**Terms and Conditions**

I/we have read understand and agree to the terms fees and conditions as described in the prospectus, terms and conditions and understand this is a legally binding contract.

**Parent/Guardian name: Parent/Guardian name:**

**Signed: Signed:**

**Date: Date:**

**PLEASE REMEMBER TO ENCLOSE A DEPOSIT OF £200.00**

**□ I have enclosed the deposit of £200.**

**□ I have enclosed the Nursery registration fee which is non-refundable £50.00**

**Date deposit received.....................................................**

**Parent Signature...............................................**

**Manager..................................................**

**(Please note, the deposit will be refundable subject to minimum of Two Months notices before your child leaves the nursery. This is non-refundable in the event that you do not take up the place)**

**Parent/ Guardian name: Parent / Guardian name:**

**Signed: Signed:**

**Date: Date:**

How did you hear about Morning Star Nursery? .......................................................

Please give us the name of the staff member who gave you the nursery tour

……………………………………….

**For Office use only**

* Application checked
* Birth certificate
* E-file created
* Added to register
* Added to database
* Entered into QB
* Tapestry
* Fast SMS