



Black Firs Pre-School Enrolment Form

Surname _____ First Names _____

Date of Birth _____

Home Address _____

Post Code _____ Telephone No _____

Please tick below the sessions you would like your child to attend Black Firs Pre-School

	Mon AM	Mon Lunch	Mon PM	Tues AM	Tue Lunch	Tues PM	Wed AM	Wed Lunch	Wed PM	Thu AM	Thu Lunch	Thu PM	Fri AM	Fri Lunch	Fri PM	Total Sessions
Please Tick																

Parent's Name _____ Daytime Tel No(s) _____

Address (if different from above) _____

Email address _____
(this will be used for general day to day contact e.g. session changes / permissions required)

Parent's Name _____ Daytime Tel No(s) _____

Address (if different from above) _____

Email address _____
(this will be used for general day to day contact e.g. session changes / permissions required)

Who has custody of the child? _____

Carer / Childminder Name _____ Telephone No _____

Address _____

Additional Contacts authorised to collect our child available during Pre-School hours :-

Name _____ Relationship _____ Telephone No _____

Name _____ Relationship _____ Telephone No _____

Name _____ Relationship _____ Telephone No _____

Doctor's Practice _____ Telephone No _____

Are immunisations up to date? YES / NO

ANY allergic reactions? _____

Special Needs? _____

Long Term medical condition? _____

Food/Drink **not** to be given? _____

Any other information we **need** to know? _____

(for example if any other agencies are involved _____
in the welfare or care of your child) _____

Name of my child's Health Visitor: _____

I/we give parental consent for staff to talk to outside agencies regarding my child if required.

Signed _____ Date _____

I/we understand that my child will receive First Aid at Pre-School by a qualified First Aider.

I/we give permission for my child to receive Emergency Medical Treatment by Paramedics or at Hospital.

Signed _____

Date _____

Please note: if your child suffers a severe allergy, e.g. nuts, and requires emergency treatment, e.g. epi pen, it is **your responsibility** to inform staff and provide appropriate medication which should be clearly labelled. Staff will then provide you with a medication form to sign.

Signed _____

Date _____

I/we understand that teachers, Early Years advisors, speech therapists, and special educational needs advisors visit the Pre-School and I have no objection to my child being photographed or observed within Pre-School. I also understand that my child may be photographed during a session for promotional displays and inspections. I give permission for my child to be observed and have written observations made about them as part of any staff training.

Signed _____

Date _____

I/we give permission for a member of staff to apply sun cream which I will supply and label for the summer period.

Signed _____

Date _____

I/we are aware of the Prospectus and all the Policies of Black Firs Pre-School (both are available to view on the Black Firs Primary School website).

Signed _____

Date _____

Please tell us about your child:-

Previous nursery or preschool experience?

Any likes or dislikes?

How independent is your child?

Siblings or relatives at Black Firs Primary?

Any areas of concern about your child?

Ideally which term would your child be starting (please circle)

SEPTEMBER

JANUARY

APRIL