



## NETHERBROOK PRE-SCHOOL ENROLMENT FORM



Thank you for choosing Netherbrook Nursery for your child.

Please help us by filling out all the information on this form; this will enable us to cater for you in the best possible way.

If you need any help filling in this form please do not hesitate to speak to a member of staff.

### **DETAILS:**

<b>Surname</b>	
<b>Child's first name</b>	
<b>Middle name/s</b>	
<b>Male / Female</b>	
<b>Child's Date of Birth</b>	
<b>Address</b>	
<b>Post Code</b>	
<b>Home Tel No.</b>	
<b>Mobile Tel No.</b>	
<b>Work Tel No.</b>	
<b>Ethnicity</b>	
<b>Language spoken at home</b>	

Preferred session    a.m                       p.m                       any   
(a.m - 8.45am - 11.45am, p.m - 12.30pm - 3.30pm)

We will try to meet this request where possible.

**Adults with parental responsibilities for child**

1. TITLE \_\_\_\_\_ FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

ADDRESS (if different from above)

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----- POSTCODE -----

CONTACT NUMBER -----

RELATIONSHIP TO CHILD -----

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2. TITLE \_\_\_\_\_ FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

ADDRESS (if different from above)

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----- POSTCODE -----

CONTACT NUMBER -----

RELATIONSHIP TO CHILD -----

**EMERGENCY CONTACTS:**

Other contact if we are unable to contact the above named persons:

Name	
Relationship	
Home Tel No.	
Mobile Tel No.	

Name	
Relationship	
Home Tel No.	
Mobile Tel No.	

## IMMUNISATION:

Has your child had any of the following vaccinations?

Diphtheria	
Tetanus	
Polio x3	
Hib-Meningitis x3	
MMR	

## OTHER INFORMATION:

Does your child have an allergic reaction to anything?	
Has your child had any major illnesses / operations?	
Has your child been in hospital recently?	
Has your child any on-going health problems?	
Does your child have any special health requirements / food allergies etc..?	
Doctors name, address and contact number	
Has your child attended a previous nursery, if so where?	

Does your child have any siblings in school Yes / No?

If so Name of Child \_\_\_\_\_ Class \_\_\_\_\_

Name of Child \_\_\_\_\_ Class \_\_\_\_\_

Name of Child \_\_\_\_\_ Class \_\_\_\_\_

I / We give permission for our Doctor to be contacted should the need arise.

Signed (parent /carer) \_\_\_\_\_

I / We give permission for my child to have first aid administered if the need should arise.

Signed (parent/carers) \_\_\_\_\_

I / We give permission for my child to be photographed and sometimes the photographs may be displayed around school and in work books.

Signed (parent/carers) \_\_\_\_\_

***We hope your child enjoys their time in Nursery with us here  
at Netherbrook Primary School.***