



Nethertots Enrolment Form



Thank you for choosing Nethertots, part of Netherbrook Primary School, for your child. Please help us by filling out all the information on this form; this will enable us to cater for you and your child 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.

For eligibility criteria please go to: www.childcarechoices.gov.uk

DETAILS:

Surname	
Child's first name	
Middle name/s	
Male / Female	
Child's Date of Birth	
Home Address	
Post Code	
Ethnicity	
Language spoken at home	
Religion	
Previous School / Nursery	

Birth Certificate seen
(To be completed via the school office)

Adults with parental responsibilities for child

Title:	First Name:	Surname:
Address: (if different from above)		
Postcode:		
Contact Telephone Numbers:	Home: Mobile: Work:	
Email Address:		
Relationship to Child:		

Title:	First Name:	Surname:
Address: (if different from above)		
Postcode:		
Contact Telephone Numbers:	Home: Mobile: Work:	
Email Address:		
Relationship to Child:		

OTHER EMERGENCY CONTACTS:

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

Name:	Relationship to child:
Address:	
Home Tel No.	
Mobile Tel No.	
Work Tel No.	

Name:	Relationship to child:
Address:	
Home Tel No.	
Mobile Tel No.	
Work Tel No.	

IMMUNISATION:

Has your child had any of the following vaccinations?

If so, please give dates. This information should be logged in your child's red medical record book or can be obtained from your GP practice.

Diphtheria	
Tetanus	
Polio x3	
Hib-Meningitis x3	
MMR	

OTHER INFORMATION:

<p>Does your child have an allergic reaction to anything eg. food, medication? If so, please give as much detail as possible including any medication prescribed for this?</p> <p>Do they have an auto injector eg. EpiPen?</p>	
<p>Has your child had any major illnesses / operations?</p>	
<p>Has your child been in hospital recently?</p>	
<p>Has your child any on-going health problems? (disabilities, visual impairment, hearing impairment, asthma etc...)</p>	
<p>Does your child have any special health and dietary requirements eg. Halal, vegetarian, dairy-free etc.</p>	

Some food technology activities carried out as part of the Early Years curriculum may involve the children tasting food.

As such we require your permission for your child to partake in these activities.

Please therefore sign the form here to show your consent.

We also need to be aware of any foods which, for medical and religious reasons, your child may not taste.

I give permission for my child to take part in food activities as part of the Early Years curriculum.

Signed

She/he should not eat the following foods (for medical or religious reasons only):



Emergency procedure in the event of a reaction
(This is for children who have known food intolerances or a specific medical condition)

<p>Doctors name, practice name, address and contact telephone number</p>	<p>GP Name _____</p> <p>Practice Name/Address</p> <p>Practice Tel. No:</p>
<p>Our 'Intimate Care Policy' is available to view on our website.</p> <p>If you would like a printed copy, you can either download and print it from our website or contact the office for a copy for you to read and keep.</p> <p>We will support your child in developing independence in changing/cleaning themselves.</p> <p>Please sign here to acknowledge that you have read and understood this policy.</p>	<p>'I have read and understood the 'Intimate Care Policy' and agree to my child being supported to develop independence in changing/cleaning themselves.</p> <p>Signed</p> <p>_____</p> <p>(Parent/Carer)</p> <p>PRINT NAME</p> <p>_____</p>
<p>Has your child attended a previous nursery, if so where?</p>	
<p>Has your child had their '2 year old progress check'? (This will have been undertaken either by your child's Health Visitor or their nursery setting.)</p> <p>If so, please bring it to the office so that we can take a copy.</p>	
<p>Any other information.</p>	

Please tick the boxes for the following questions.	Yes	No
I/We give permission for our doctor to be contacted should the need arise.		
I/We give permission for my child to have first aid administered if the need should arise.		
I/We give permission for my child to be photographed and sometimes the photographs may be displayed around school and in work books.		

Does your child have any siblings in school?		Yes / No
Name of Child:		Class:
Name of Child:		Class:
Name of Child:		Class:

Signed (parent/carer) _____

PRINT NAME

Date

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