

BURMANTOFTS COMMUNITY NURSERY-ENROLMENT FORM 2023

Just ask a member of staff if you need any help completing this form. All information will be treated in the strictest of confidence.
If any information changes at any time, please notify a member of staff.

CHILD'S DETAILS

Childs Name		
Date of Birth		Male / Female
Childs NHS Number		

DETAILS OF PARENT/CARER (MUM)

Name	
Date of birth	
Address	
Home phone number	
Mobile number	
Email	
National insurance number	
Place of work	
Work phone number	
<small>(Once nurseries OFSTED registration number has been issued, BCN reserve the right to routinely pass your information on to HMRC)</small>	

DETAILS OF PARENT/CARER (DAD)

Name	
Date of birth	
Address	
Home phone number	
Mobile number	
Email	
National insurance number	
Place of work	
Work phone number	
<small>(Once nurseries OFSTED registration number has been issued, BCN reserve the right to routinely pass your information on to HMRC)</small>	

DETAILS OF THIRD CARER (relative, friend)

Name	
Address	
Home phone number	
Mobile number	

HEALTH

Name of child's Doctor	
Doctors address	
Tel. Number	
Name of Health Visitor	
Tel. Number	
Has your child had their 2 year old check with the Health Visitor	YES / NO
Who did the check?	
What month was it done on?	

OTHER AGENCY FAMILY INVOLVEMENT

Can we contact your Health Visitor or other agencies for any information we require?	YES / NO
Is your family involved with any agencies? i.e., speech and language, dietician, social care etc	YES / NO
Name of agencies supporting you and any further information which would be helpful for nursery to know?	

IMMUNISATIONS (please tick and add)

1 st Triple	Date	
2 nd Triple	Date	
3 rd Triple	Date	
MMR	Date	
Please give details of any health problems or allergies which your child suffers from:		
Does your child have any <u>regular</u> medication? (if 'yes' please give details)		

FOOD REQUIREMENTS – What can your child eat in nursery? Please circle

Pork	YES / NO	Fish	YES / NO
Chicken	YES / NO	Halal Chicken	YES / NO
Beef	YES / NO	Halal Beef	YES / NO
Lamb	YES / NO	Halal Lamb	YES / NO
Is there any foods which your child cannot eat? (medical or religious reasons)			

EMERGENCY STATEMENT.

Should your child become ill or have an accident at nursery, every effort will be made to contact one of the above-named people. If no contact can be made, then nursery reserves the right to take your child to the doctors or hospital in an emergency.	
Do we need to know of any personal/religious beliefs that will affect treatment given? (e.g. not allowed blood transfusions)	

FAMILY

<ul style="list-style-type: none"> • Please state your child's religion _____ • Please state your child's ethnic background _____ • Please state the name of your home country/town _____ • Do you make regular trips home? _____ • What languages are spoken at home? _____ • Does your child understand English? _____ • Does your child speak English? _____ • Is your family new to England? _____ • Is your family new to the English language? _____

NURSERY EDUCATION GRANT

Does your child attend any other nursery?	YES / NO
If so, what is the other nursery called?	
Do they access the nursery education grant at the other provider?	YES / NO

PHTOS USED FOR PUBLICITY

Can you child's photos be used in such places as:- nursery web page, newsletters, reports and leaflets. Externally for press releases	YES / NO
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OUTINGS

I am willing for my child to participate in <u>local</u> outings from the Nursery: (local park, shops, schools, post box, nursing home...)	YES / NO
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SUN CREAM APPLICATION

I agree to nursery staff applying sun cream provided by the nursery to my child	YES / NO
I give permission for my child to play out at nursery unprotected by sun cream	YES / NO

COLLECTION INFORMATION:

Information of people you have given responsibility to, either drop off or collect from nursery are: - OTHER THAN THE PARENTS				
Name of who has been given responsibility	Relationship to the parent	Contact Number	Date added to this list	Parent consent signature

PARENTAL RESPONSIBILITY

Please sign this form to show you have parental responsibility to the named child on this form and that you agree to all the information which you have included on this form. It is a legal requirement that you state who else, if anyone has parental responsibility for the said child.

The following information helps you understand the meaning of parental responsibility:

- Both parents have parental responsibility if they were married when the child was born.
- If the parents are not married but both names are on the child's birth certificate, then both parents again have parental responsibility.
- If the parents were not married when the child was born, and only mums name is on the birth certificate then parental responsibility lays with her only
- If a parent has legally adopted the child or have claimed residence with the family then they have parental responsibility, (legal papers should be produced to prove this).
- If other organisations are involved with a family then parental responsibility may also be put with them, (legal papers should be produced to prove this).

NOTE: where parents have parental responsibility and in unexceptional circumstances a relationship should break down. Then both parents will maintain parental responsibility and still be able to collect the child from nursery.

Only if legal court papers can be produced stating that one parent cannot collect their child will they be turned away from nursery. If this was the case, then the other parent will be contacted immediately.

First parent/carers signature with parental responsibility.	Mum / Dad	Date
Second parent/carers signature with parental responsibility.	Mum / Dad	Date
Third carer's signature with parental responsibility.		Date

BELOW TO BE COMPETED BY STAFF ONLY

Signature of staff who has checked the form _____ Date _____

STAFF - must check and fill out the following IN CLEAR CAPITALS

Child's Birth certificate write down the following details (so we have correct spellings)

Child's full name _____

D.O.B _____

Parent's passports write down the following details (so we have correct spellings)

Mums full name _____

Surname used for claims _____

D.O.B _____

National insurance number _____

Email _____

Dads full name _____

Surname used for claims _____

D.O.B _____

National insurance number _____

Email _____

Rigton Drive Leeds LS9 7PY. Tel 0113 2408654. E-mail burmantofts@btconnect.com

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