Tiny Hands Pre-School

Enrolment form – children's file information

Please complete **all** the appropriate sections so we can secure your child's place on the waiting list. Incomplete enrolment forms will be returned to the parent/carer.

Personal Information

Child's Surname		Child's Full Address	
First Names			
Names to be called		Post Code	
Date of Birth		Gender	Male/Female
30 Hour funding code (if applicable)		Languages spoken	
Ethnicity Religion			
NHS Number (you can find this in your red book or ask your health visitor or GP)			
2 Year Funding reference Number (if applicable)			

Parent/Carer Details

Parent 1 - Name		Parent 2 - Name	
Date of Birth		Date of Birth	
NI Number		NI Number	
Parental Responsibility	Yes/no	Parental Responsibility	Yes/No
Address (if different from child		Address (if different from child)	
Home Number		Home Number	
Mobile Number		Mobile Number	
Name of workplace		Name of workplace	
Job Role		Job Role	
Work Number		Work Number	
Email Address		Email Address	

Emergency/Authorised for Collection Contacts (these are different to parents/carers and will be contacted if your child becomes unwell or if there is an emergency and we cannot contact parents. If unknown to the pre-school the contacts will need to provide a password to collect the child)

Contact 1 Name:		Contact 2 Name:	
Relationship to child:		Relationship to child:	
Home Number:		Home Number:	
Mobile Number:		Mobile Number:	
Password to be used:		Password to be used:	

Parental Responsibility – if anybody else has parental responsibility for the child please insert details below.

Carer's Name		Carer's Name	
Address (if different from child)		Address (if different from child)	
Home Number		Home Number	
Mobile Number		Mobile Number	

Health details

Doctors Name		Health Visitors Name	
Address		Address	
Contact Number		Contact Number	

Does your child suffer from any allergies, asthma or have a medical condition? If yes please provide details below (in addition a care plan will need to be filled in on joining Tiny Hands), if not please write "none".

_____

_____

Does your child have any special needs and/or need any additional support? (If yes please give details):

_____

_____

Are there any other professionals involved with your child? (e.g., speech therapists, Social Services) if yes, please give details:

_____

_____

Permission for emergency treatment

I give permission for staff at Tiny Hands Pre-school to obtain any medical treatment or assistance that may be necessary in the case of an emergency, for my child.

Name of child: _____ Date of Birth: _____

I do/do not give permission for my child to receive a hypo-allergenic plaster in the event of a cut or graze where it may be deemed necessary to apply one.

Signed: _____ Print Name: _____

Consents

At Tiny Hands we use a multi-agency approach where at times we may need to liaise with other agencies including health visitor, children's centre, other health professionals and other childcare settings. By signing this form, you are giving us permission to do this.

If you have any questions about this, please speak to the manager.

_____

_____

As a setting we want to give parents/carers the opportunity to see the activities your child has been involved in during the session. We use our closed Facebook group to do this. We have a website and produce leaflets and we like to include photographs showing children engaged using our resources within our setting. Please circle the relevant box if you give consent for your child to be included in the photographs.

I give consent for photographs to be used on a private Facebook group Yes/No

I give consent for photographs to be used on our open Facebook page for marketing purposes Yes/No

I give consent for photographs to be used on the Tiny Hands Website Yes/No

I give consent for photographs to be used in leaflets/brochures/other marketing publications Yes/No

I give consent for photographs to be taken and filed for the purpose of developmental records Yes/No

I give consent for my child to be taken offsite by members of staff at Tiny Hands Pre-School on walks around the local area Yes/No

I give consent for staff and students to carry out and record observations of my child Yes/No

I give consent for my child's development records to be kept on Tapestry Yes/No

I give consent for staff members to access the internet with my child for the purpose of promoting their learning Yes/No

I give consent for staff to apply sun cream Yes/No

I understand, agree and give my consent to the statements and hereby certify all information to be correct.

Signed: _____ Print Name: _____

Declaration:

I agree to pay the appropriate fees if my child attends Tiny Hands Pre-School and agree to give four weeks' notice in writing or pay the appropriate fees in lieu of notice, before withdrawing my child from Tiny Hands Pre-School.

Signed: _____ Print Name: _____

For our records please could you specify how you found out about us? _____

If you are happy for us to contact, you by email please state the email address below:

_____

Session Required	Am Session (8.55-12)	Pm session 11.45 -2.45
Monday		
Tuesday		
Wednesday		Closed
Thursday		
Friday		closed

Pre-School use only:

Birth Certificate Information

Date birth certificate seen		**Signed**	
Date of Birth		**Name on birth certificate**	
Birth Certificate number		**Sessions offered**	
Start Date		**Key person**	
Finish Date		**Next setting**	
Date transition report sent		**Archive signature**	