



Enrolment Form

Child Details

First Name:

Middle Name(s):

Last Name:

Known Name:

Gender:

Male

Female

Date of Birth:

Age:

Ethnicity:

Medical/Dietary Information

Allergies:

Dietary needs:

Medical needs:

Permissions

Please tick if you are happy for us to do the following:

- Go on local outings (e.g to the scout field next door to the preschool)
- Apply suncream
- Use an ear thermometer
- Use plasters
- Seek advice from other professionals
- Travel in ambulance with staff
- Send transition info to schools/providers
- Use photos/videos on website
- Use photos/videos in learning journeys
- Use photos/videos on displays
- Can go on short, local outings with staff

Sessions Required

Monday

Tuesday

Wednesday

Thursday

Friday

Parent/Carer Details

Primary Carer(s) - Who the child lives with

	Carer 1	Carer 2
Relationship to child:		
Title:	Miss / Ms / Mrs / Mr	Miss / Ms / Mrs / Mr
First Name:		
Last Name:		
Email Address:		
Home telephone:		
Mobile telephone:		
Work telephone:		
Address:		
Postcode:		

Additional Contacts

Who can we contact in an emergency?

	Contact 1	Contact 2
Relationship to child:		
Title:	Miss / Ms / Mrs / Mr	Miss / Ms / Mrs / Mr
First Name:		
Last Name:		
Email Address:		
Home telephone:		
Mobile telephone:		
Work telephone:		
Address:		
Postcode:		
Password:		

Additional Information About Your Child

- Does your child (or your family) currently get support from the local authority? Yes / No
- Does your child have any Special Educational Needs? Yes / No
- Does your child already know anyone at the preschool? Yes / No
- Can your child use the toilet? Yes / With help / No

Agreements

Please sign below to confirm that you agree to adhere by the preschool conditions.

Data Protection Agreement

The preschool collects, holds and processes personal data relating to its students, their parents and other contacts. It is essential for us to do so in order to manage our setting effectively. This data will be stored and used in accordance with the Data Protection Act 1998. I agree that data may be stored and processed on my behalf.

Signed: _____

Date: _____

Payment Agreement

Happy Faces Preschool will seek government funding for any eligible child where possible. Where a child is not eligible for funding or where they have used their allocation we will charge a fee per session.

I agree to pay fees as set out by the preschool. Fees must be paid in advance according the invoices produced for your scheduled attendance. I understand that fees are payable, during term time, even if my child is absent during a booked session. I will also be liable for any additional sessions I have booked but not attended.

Signed: _____

Date: _____

Safeguarding Policy

Happy Faces Preschool is committed to the protection of children's safety. If we have any concerns about a child then we will bring it to the attention of relevant local bodies.

I understand that the preschool is committed to safeguarding my child and will operate in a way, which puts my child's safety first.

Signed: _____

Date: _____