

Enrolment Form

Please fill in the details requested and return to the manager by email or post *(printed at the bottom of this form)*

Full Name of Child: **Telephone Number:**

Date of Birth: **Mobile Number:**

Address:

Do you wish your child to attend **Full Time** **Part Time** (Please mark with an x)

Start Date, Week Commencing:

Days Attending: **Monday** **Tuesday** **Wednesday** **Thursday**
 Friday (Please mark with an x)

Start Date, Week Commencing:

Name of Parent/Carer:

Employer: **Telephone Number:**

Email Address: **Mobile Number:**

Address:

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Employer: **Telephone Number:**

Email Address: **Mobile Number:**

Address:



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Name and Address of the child's Doctor:

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.....

Details of any Injections/Immunisations already received by your child:

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.....

Allergies or medical conditions:

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.....

Diet: All children are provided with a mid-morning and afternoon snack. Please indicate if your child should not be given certain foods/drinks on the following grounds only.

*** Medical - My child has a food/drink allergy:** (Please give details)

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.....

*** Religion - The following food/drink should not be given to my child on religious grounds:** (Please give details)

.....
.....



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Please state any other information you think is relevant concerning:

* **Child's interests/Personality:**

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.....

* **Anxieties:**

.....

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In the unlikely event of an emergency, please provide at least two additional contact numbers of a relative / friend who can be contacted during nursery hours if we cannot contact yourselves.

Name: **Phone Number:**

Name: **Phone Number:**

I wish to apply for admission of the above-named child to Woodside Nursery School. I have received and read the regulations of the Nursery. I agree to comply with them and any other regulations which may be required in the future. I understand that when the enrolment is confirmed, a non-refundable deposit will be payable in advance to reserve my child's place.

Signed: (Parent / Carer)

Date:

