

Minus Five Preschool

The Pavilion, Victory Park, Addlestone, Surrey, KT15 2EW

Phone: 01932 820811 (9am – 12pm Mon, 9am-3pm Tues - Fri)

Email: [info@minusfivepreschool.co.uk](mailto:info@minusfivepreschool.co.uk), [www.minusfivepreschool.co.uk](http://www.minusfivepreschool.co.uk)

Enrolment form

Please ensure that you give us as much detail about your child as possible. If you would prefer to fill in the form in discussion with us, then please ask – it won’t be a problem!

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| Child’s full name: | | Child’s date of birth: | | |
| Child’s known name (if different from above) | | | | |
| Gender Male / Female / Prefer not to say | | | | |
| Home language:  Religion: | | | | |
| Family address:  Postcode: | | Contact numbers during sessions:  Parent 1:  Phone number:  Email:  Parent 2:  Phone number:  Email:  Are you happy for us to send you correspondence via email?  YES / NO (please circle) | | |
| Name of Parents/Carers with whom the child normally lives:  Do all the above have parental responsibility for the child? YES/NO (please circle) | | | | |
| Any other adults with parental responsibility/rights with whom the child does not live?  YES / NO (please circle)  Details:  Name:  Relationship to child:  Is this person an emergency contact? YES / NO (please circle)  What is their phone number? | | | | |
| Is anyone not allowed legal contact with your child? If so, please give full details: (This can only be upheld if substantiated by written legal documentation). | | | | |
| Please provide details of two people who can collect and have your authority to act in an emergency for your child:  Name:  Contact Number:  Relationship to child:  …………………………………………………………………………………………………………………………………………………………  Name:  Contact Number:  Relationship to child:  Please ensure that you tell all contacts that you have given us their details so that we can contact them if we are unable to speak to you if your child is unwell, has an accident or is uncollected at the end of the session. If they have any questions or queries regarding this, please ask them to contact Minus Five Preschool on 01932 820811. Thank you  In the event that no one can be contacted, in an emergency the Preschool Manager will allow other trained professionals to make decisions in the best interest of your child (i.e medical staff) | | | | |
| Has your child had a 2 year check? YES/NO(please circle)  If yes, please provide a copy of this information to the preschool.  Child’s Health visitor:  Telephone number: | | | | |
| My child has/has not had all routine children’s vaccinations so far: | | | | |
| 8 weeks YES/NO | 12 weeks YES/NO | | 16 weeks YES/NO | |
| 1 year YES/NO | 2 years + flu vaccine  YES/NO | | 3 years 4 months +  pre-school booster YES/NO | |
| My child has had the following childhood illnesses / diseases, please tick all those that are relevant | | | | |
| Chicken Pox | Measles | | Mumps | Hand, foot and mouth |
| Impetigo | Other (please specify) | | Other (please specify) | Other (please specify) |
| Has your child any medical condition we should be aware of? (asthma/diabetesetc) YES/NO (please circle)  Details:  Do preschool staff need any special training to be able to accommodate your child’s medical needs? (E.gepipen/jext)  Details: | | | | |
| Has your child any allergies or food intolerances? YES/NO (please circle)  Details:  If yes, how does your child react to these? (so that we know the symptoms to look for in cases of emergency) | | | | |
| Dietary **PREFERENCES**, please tick all those that are relevant | | | | |
| My child is a vegetarian | My child is vegan | | My child does not eat pork | My child eats fish but not meat |
| Is there any other dietary information that we need to know? YES/NO (please circle)  Details: | | | | |
| Does your child have a diagnosed special need and/or need any additional support?  YES/NO (please circle)  Details: | | | | |
| Does your child have any distinguishing marks on their body, such as birthmarks etc?  YES / NO (please circle)  Details: | | | | |
| Are there any other professionals involved with your child? E.g. speech therapy/social worker?  YES / NO (please circle)  If YES do you give us permission to contact the relevant agencies once you have accepted a place for your child, but before they start, so that we are able to offer full support to the family?  YES/NO (please circle)  Details:  Name:  Contact details: | | | | |
| Will your child be attending any other childcare setting as well as Minus Five Preschool?  e.g another preschool, a child minder or a nanny? YES/NO (please circle)  Details:  Name of setting/child minder/nanny:  Contact details:  Name of keyworker at other setting: | | | | |
| Has your child previously attended a childcare setting? YES/NO (please circle)  Name of setting:  Contact details: | | | | |
| How did you hear about Minus Five? | | | | |
| If you are applying for education funding, please provide the following details:   * A copy of your child’s birth certificate or passport to confirm their age * Your FEET funding confirmation code * Your 30 hour funding confirmation code to enable us to apply for the funding on your behalf | | | | |
| **Permissions**  I am happy that there may be photographs of my child which are seen by adults associated with Minus Five Preschool in the context of celebrating the setting or tracking learning and development:  **YES / NO**  I give consent for photographs to be taken of my child for display and/or record keeping purposes: (Photographs will be kept in preschool)  **YES / NO**  I give permission for my child to be taken outside within the boundaries of Victory Park as part of preschool activities. This will always be fully supervised by staff:  **YES / NO**  I give permission for the preschool staff to apply sun cream to my child, if necessary:  **YES / NO**  If my child wears nappies, I give permission for preschool staff to apply nappy cream that has been supplied by me:  **YES / NO / NOT APPLICABLE**  I give permission for preschool staff to put a plaster onto a minor wound if necessary to keep a wound clean:  **YES / NO**  I give permission for preschool staff to act in the best interests of my child in the event of a medical emergency:  **YES / NO**  I give permission for written observations to be carried out on my child::  **YES / NO**  I give permission for relevant information on my child to be passed on to schools, other settings/child minders that they may attend:  **YES / NO**  I give permission to Minus Five Preschool to share details of my child electronically with Surrey County Council so that they can claim funding:  **YES / NO** | | | | |
| I wish to enrol my child ..…………………………………………… at Minus Five Preschool. I understand that staff will raise safeguarding concerns with the Local Safeguarding Children Partnership. I understand that staff might decide to do this without my knowledge if they become sufficiently concerned about my child’s safety.  Signed:  Date:  Name of parent enrolling child: | | | | |

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| For Office use only  Birth Certificate/Passport seen: Yes No  Two year check seen: Yes No |