

# Enrolment and Consent Pack



Information correct as at May 2019 and subject to change

Use of your data: information marked \* is optional

Parent/carer: Please detach section 9, and keep for your own records

**FOR NURSERY STAFF USE ONLY:**

BIRTH CERTIFICATE SEEN:  SIGNED:..... TAPESTRY FAQ SHEET GIVEN  ALLERGY APPLE DONE:

Child's name..... Date of birth .....

Preferred name..... Gender.....

Child's usual language\* ..... (i.e. English, Lithuanian, Chinese)

Siblings names..... Date/s of birth.....

**Section 1: Adult with usual responsibility for the above child**

Responsible adult details to be used in case of emergency or immediate contact		yes/no
Authorised to collect child		
Name		
Relationship to the child		
Date of birth*		
Current home address		
Postcode		
Email address*		
Contact telephone number		
Mobile phone number		
National Insurance number~		

~(required by HMRC for claiming your childs' funding)

Responsible adult details to be used in case of emergency or immediate contact		yes/no
Authorised to collect child		
Name		
Relationship to the child		
Date of birth*		
Home Address		
Postcode		
Email address*		
Contact telephone number		
Mobile phone number		

**Section 2: Emergency contact, if not already named above**

Authorised to also collect child	yes	no
Name		
Relationship to the child		

Date of birth*	
Home Address	
Email address*	
Contact telephone number	
Mobile phone number	

**Other adults with authority to collect child**

Name	
Relationship to the child	
Contact telephone number	
Name	
Relationship to the child	
Contact telephone number	
Name	
Relationship to the child	
Contact telephone number	
Name	
Relationship to the child	
Contact telephone number	

**Section 3: Medical Details**

Usual GP	
GP surgery address	
GP telephone number	
Immunisation history*	
Current medication	

**Section 4: nursery place/session request**

Please tick required sessions

	Monday	Tuesday	Wednesday	Thursday	Friday
am					
pm					

Usual arrival time ..... (no earlier than 07.30)

Usual leaving time..... (No later than 18:00)

Start date subject to availability.....

End date (if known)..... for example, the last nursery session your child will need before they start primary school, or relocate

## Section 5: transition

Intended primary school:

Start date (if known):

## Section 6: online communication and information sharing



Please ensure you have been given the leaflet entitled Tapestry – Frequently Asked Questions

To enable the Nursery to link you to your own child's learning journal, we need to set up your unique account using:

Your preferred email address (please write in capitals)

Your preferred username (first name and surname)

Do you require information in a language other than English?    no                      yes – language:

**Section 7: Personalised Care**

**THIS SECTION WILL BE DETACHED AND KEPT WITH THE CHILD'S KEYWORKER FOR PROGRESS TRACKING**

*All about me – Home from Home*

Childs name.....  
 Childs date of birth.....  
 Today's date.....  
 Completed by.....



Baby 0-1	Baby 1-2	Toddler/pre-school	School age
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**For school age children: please only complete sections A, G and H**

<b>A. Food</b>	
Does the child have any food <b>allergies</b> ? Please specify	
Is the child given food choices at mealtimes?	
Is the child always expected to finish a meal?	
What happens if the child refuses to eat?	
<b>B. Dressing</b>	
Can the child dress him/herself?	
Does the child like privacy?	
Can the child tie own shoelaces?	
<b>C. Toileting</b>	
Does your child use the toilet? i.e. no longer in nappies	
What is used to clean the child? i.e. wipes, flannel	
How does the child indicate the need to use the toilet/potty?	
Are there special words or signals we should know?	
Is a nappy worn when sleeping?	
How often is the nappy changed?	
<b>D. Separation</b>	
How does the child handle separation from parent/carer?	
How is the child distracted?	
How does the child like to be comforted when distressed?	

## E. Rituals

Is there a special way of doing things

- at rest times?
- at meal times?
- at other times?

(please provide 2 x blankets)

## F. Preferences

What preference does the child have for:

- Food
- Drink
- Toys
- Books
- Persons
- Stories
- Games
- Activities
- Songs

## G. Lifestyle

Who are the child's best friends?

Is the child expected to do any chores in the home?

What are the arrangements for extra-curricular activities such as

- Homework
- Music practice
- Outside activities

## H. Medical concerns

What past illnesses has the child had?

Does the child have any **allergies**?

Other information the nursery may need to know, please add it here

**ALLERGIES – REQUIREMENTS - NEEDS**

**INFORMATION CORRECT AS AT: (date)**

Allergies/sensitivities

Specific requirements

## Section 8: Parent Contract

Registration is not complete, and care cannot commence until this Nursery Enrolment Pack is fully completed and signed.

As the parent or carer, should you wish to rescind this agreement you may do so at any time either verbally with any member of nursery staff, or in writing by sending a letter to the Nursery Manager and such rescission will take effect upon receipt of the request. No refunds will be made.

### **Acknowledgement of Consent and Responsibility for Information**

As primary/joint parent or carer of the child on this document, I/we:

<b>FEES</b>	understand that fees must be paid on time and are not refundable in the event of absence.	yes	no
<b>FIRST AID</b>	authorise Giggles Galore Nursery to act on our behalf in the event of an accident or emergency, to determine the need for medical attention and to ensure that a suitably qualified person promptly administers it	yes	no
<b>BITES</b>	consent to an anti-histamine being applied to an insect sting or bite	yes	no
<b>SUN LOTION</b>	consent for Boots Hypoallergenic Factor 50+ sun cream for sensitive skin to be applied	yes	no
<b>OUTINGS</b>	consent for our child going on outings with nursery staff	yes	no
<b>PHOTOS</b>	consent to photographs being taken and displayed within the nursery	yes	no
<b>MEDIA</b>	consent to photographs appearing in newspapers or nursery related media	yes	no
<b>OBSERVE</b>	consent for nursery staff to observe and record our child's development and learning	yes	no
<b>SHARE</b>	consent to information (such as medication, accidents, incidents) being shared with adults collecting <u>our</u> child from the setting in accordance with agreed collection arrangements	yes	no
<b>SHARE</b>	consent to secure information sharing via Tapestry online journal	yes	no
<b>INFECTIOUS</b>	understand that if our child has an infectious disease, they cannot attend nursery. Please refer to the HSC Public Health Agency poster displayed in the nursery foyer	yes	no
<b>CHANGES</b>	contact the nursery if anything changes i.e. contact details, allergies, needs of the child, parental responsibility etc	yes	no

PRINT NAME.....

PRINT NAME.....

Relationship to child.....

Relationship to child.....

Signature.....

Signature.....

Date.....

Date.....

Signed on behalf of Giggles Galore Nursery.....Name.....

Giggles Galore, Main Road, Holbeach Drove, Spalding, Lincs PE12 0PS

[www.giggles-galore.com](http://www.giggles-galore.com)

Tel: 01775 666202 / 07753 364681

Registered in England and Wales No. 08474640

## Section 9: parent/carer section of Nursery Enrolment Pack

As the parent or carer, should I wish to rescind this agreement I may do so at any time either verbally to any member of nursery staff or in writing by sending a letter addressed to the Nursery Manager. Such rescission will take effect upon receipt of the request; no refunds will be made.



Nursery Policies and Procedures are available to view in the foyer at all times  
Funded sessions: applicable each weekday between 09:00 and 15:00

Within the Nursery Enrolment Pack and through discussion with staff, information has been provided with regards to:

<b>FEES</b>	fees must be paid on time and are not refundable in the event of absence
<b>FIRST AID</b>	authorise Giggles Galore Nursery to act on our behalf in the event of an accident or emergency, to determine the need for medical attention and to ensure that a suitably qualified person promptly administers it
<b>BITES</b>	consent to an anti-histamine being applied to an insect sting or bite
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<b>OBSERVE</b>	consent for nursery staff to observe and record our child's development and learning
<b>SHARE</b>	consent to information (such as medication, accidents, incidents) being shared with adults collecting <u>our</u> child from the setting in accordance with agreed collection arrangements
<b>SHARE</b>	Consent to information sharing from/to the nursery via Tapestry I have had a copy of the Tapestry FAQ sheet, regarding confidentiality
<b>INFECTIOUS</b>	understand that if our child has an infectious disease, they cannot attend nursery. Please refer to the HSC Public Health Agency poster displayed in the nursery foyer
<b>CHANGES</b>	I must contact the nursery if anything changes i.e. contact details, allergies, needs of the child, parental responsibility etc



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