



# The Nest

## Enrolment Form

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Finish Date:** \_\_\_\_\_

**Child's Details:**

Child's Name: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's PPS Number: \_\_\_\_\_

**Mother's Details:**

Mother's Name: \_\_\_\_\_

Workplace Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Father's Address:**

Father's Name: \_\_\_\_\_

Workplace Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

**General Practitioner Details:**

G.P.'s Name: \_\_\_\_\_

G.P. Address: \_\_\_\_\_  
\_\_\_\_\_

G.P. Number: \_\_\_\_\_

Child's Medical Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's Food Allergies/Dislikes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been given a copy of our medical exclusion periods: Yes ( ) No ( )

Has your child been vaccinated against the following? (Approx age child receive these vaccinations noted beside).

- |  |         |        |
|--|---------|--------|
| 1) B.C. G (usually at birth)   | Yes ( ) | No ( ) |
| 2) Diphtheria, Tetanus, Whooping cough, Hib, Polio, Hepatitis B (6 in 1, usually at 2mths) | Yes ( ) | No ( ) |
| 3) P.C. V (pneumococcal vaccine, given at 2mths with 6 in1)                                | Yes ( ) | No ( ) |
| 4) Diphtheria, Tetanus, Whooping cough, Hib, Polio, Hepatitis B (6 in 1, usually at 4mths) | Yes ( ) | No ( ) |
| 5) Meningococcal C (given at 4mths with 6 in 1)  | Yes ( ) | No ( ) |
| 6) Diphtheria, Tetanus, Whooping cough, Hib, Polio, Hepatitis B (6 in 1, usually at 6mths) | Yes ( ) | No ( ) |
| 7) Meningococcal C (given at 6mths with 6 in 1)  | Yes ( ) | No ( ) |
| 8) P.C.V. (pneumococcal vaccine, given at 6mths with 6 in 1 & meningococcal C)             | Yes ( ) | No ( ) |
| 9) M.M. R (Measles, Mumps, Rubella, given appx 12mths)                                     | Yes ( ) |        |
| No ( )   |         |        |
| 10) P.C.V. (pneumococcal vaccine, given at 12mths with M.M.R)                              | Yes ( ) | No ( ) |

- |  |         |        |
|--|---------|--------|
| 11) Meningococcal C (given at 13mths)                              | Yes ( ) | No ( ) |
| 12) Hib (given at 13 months along with Meningococcal C)            | Yes ( ) | No ( ) |
| 13) Diphtheria, Tetanus, Whooping cough (4 in 1, given at 4-5 yrs) | Yes ( ) | No ( ) |
| 14) M.M. R (Measles, Mumps, Rubella, given at 4-5yrs)              | Yes ( ) | No ( ) |
| 15) Tetanus, Diphtheria (TD) (11-14yrs)                            | Yes ( ) | No ( ) |

Has your child ever suffered from any of the following (if yes, please give dates)

- |                |     |    |       |
|----------------|-----|----|-------|
| Chicken Pox    | Yes | No | _____ |
| Scarlet Fever  | Yes | No | _____ |
| German measles | Yes | No | _____ |
| Measles        | Yes | No | _____ |
| Whooping Cough | Yes | No | _____ |
| Polio          | Yes | No | _____ |
| Diphtheria     | Yes | No | _____ |

Does your child require glasses? Yes ( ) No ( )

Does your child react well to strangers? Yes ( ) No ( )

Does your child sleep in a cot? Yes ( ) No ( )

Is your child toilet trained? Yes ( ) No ( )

If yes, please give details of your child's terminology for bowel & bladder movements?

\_\_\_\_\_

Please provide any other information which you feel may be relevant to the care of your child.

\_\_\_\_\_

\_\_\_\_\_

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Emergency contact numbers & people authorised to collect your child:

1) Name: \_\_\_\_\_  
Number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Authorised to collect your child?    Yes ( )    No ( )

2) Name: \_\_\_\_\_  
Number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Authorised to collect your child?    Yes ( )    No ( )

3) Name: \_\_\_\_\_  
Number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Authorised to collect your child?    Yes ( )    No ( )

4) Name: \_\_\_\_\_  
Number: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Authorised to collect your child?    Yes ( )    No ( )

## **Emergency Medical Treatment**

Unfortunately, it is a fact of life; most of us will become ill at some stage or another & will need medical treatment.

Whether it's teething or an accident The Nest sometimes may need to administer medication but for some reason may be unable to contact you.

If it is acceptable for us to give permission for medical treatment to be administered by us or a third party \* please fill in the section below.

\* By third party we mean doctor, dentist or paramedic

Should my child \_\_\_\_\_ require medical attention or medication, I give permission for \_\_\_\_\_ (e.g. Calpol) to be administered on The Nest premises, by a staff member.

I also give permission to The Nest to act on my behalf, as advised by a third party in the interest of my child.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## **Photo permission**

With so many children in our care we have lots of parties throughout the year. We would like to put these pictures up on our website or on display in our premises.

Please fill in & sign the section below if we can use your child's picture while he/she is going about their daily activity in The Nest.

It is acceptable for The Nest to use \_\_\_\_\_ (child's name) photos on their website & on the premises.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## **Trip permission**

From time to time we like to bring the children on little trips or outings, these could range from a morning at the local park (weather permitting of course) to a day of history at the National History Museum, these are just an example of where the children may visit. If you would like us to include your child when we are going on these outings, please fill in & sign the section below.

My child \_\_\_\_\_ has permission to go on any outing organised by The Nest.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

## **Agreeing to work with The Nest**

By signing this form, you are agreeing to abide by The Nest terms & conditions.

You are agreeing to provide The Nest with a minimum of one calendar month paid notice in writing when you no longer need your child(ren) cared for by The Nest.

The Nest carries out annual fee review with any fee changes taking effect from Jan 1<sup>st</sup> each year.

Our policies & procedures are available to be viewed should you wish to do so.

Child's Name: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_

## **Office use only**

Manager's signature: \_\_\_\_\_

Manager Print Name: \_\_\_\_\_

Branch Location: \_\_\_\_\_

Starting Fee: \_\_\_\_\_

Registration fee paid: \_\_\_\_\_

Days & times attendance booked in for: \_\_\_\_\_

Fee review date: \_\_\_\_\_