

For office use only:



ST GEORGE'S ENROLMENT FORM

CHILD'S DETAILS

Forename(s).....Surname.....

Date of birth.....

Address.....

Post Code.....

Male/Female.....

Ethnic Origin Religion.....

Language(s)spoken.....

Brothers/Sisters names and ages

Other settings attended/childcare used.....

PLEASE INDICATE WHICH SESSIONS AND WHICH GROUP YOU REQUIRE

Nursery

AM Session – 7.30am to 1.00pm

PM Session - 1.00pm to 6.30pm

All day – 7.30am to 6.30pm

| | Mon | Tue | Wed | Thurs | Fri |
|----|-----|-----|-----|-------|-----|
| AM | | | | | |
| PM | | | | | |

Little Dragons Playgroup

AM session 9.00am to 12 noon

PM session 12. noon to 3.00pm

Full Day 9.00am to 3.00pm

Holiday Club – please complete separate booking form

Please note a space in the Nursery or Little Dragons does not guarantee a place in Afterschool Club. This must be applied for separately and spaces are limited.

Afterschool Club

School child to be collected from

Preferred start date.....

Any additional comments, such as flexibility of sessions/days, or possible future requirements. Please add as much information as possible to help us meet your needs.

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Subsidised places may be available, if you feel you may be eligible, please speak to us to discuss your individual circumstances.

Where did you hear about St. George's.....

PLEASE ADVISE US IMMEDIATELY OF ANY CHANGES GIVEN ON THIS FORM

CHILD'S EMERGENCY DETAILS

| | |
|---|-------|
| Child's Name: | D.O.B |
| Inoculations to date: | |
| Inoculations due: | |
| Dietary Requirements: | |
| Medical Information/Problems: (allergies, current medication etc) | |
| Child's Doctor: | |
| Name: | |
| Telephone Number: | |

PARENT/GUARDIAN DETAILS

Parent 1

Title.....Name.....Surname.....

Mobile Number.....

Home Telephone Number.....

Email Address.....

Home Address (if different from child's)

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Employer Name and Address

.....

Daytime Phone Number.....

Parent 2

Title.....Name.....Surname.....

Mobile Number.....

Home Telephone Number.....

Email Address.....

Home Address (if different from child's)

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Employer Name and Address

.....

Daytime Phone Number.....

Name of Person/s with Legal Parental Responsibility.....

Parent/Guardian

Signature.....Date.....

IN EVENT OF AN EMERGENCY PLEASE CONTACT:

| | Name | Relationship to child | Telephone number | Password | Authorised to pick up child Yes/No |
|-----------|------|-----------------------|------------------|----------|---------------------------------------|
| Contact 1 | | | | | |
| Contact 2 | | | | | |
| Contact 3 | | | | | |
| Contact 4 | | | | | |
| Contact 5 | | | | | |
| Contact 6 | | | | | |

Our Privacy Policy can be found on our website www.stgeorgeschildcare.co.uk or ask for a copy at reception.