0.

**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**

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

AM Session – 7.30am to 1.00pm

PM Session - 1.00pm to 6.30pm

All day – 7.30am to 6.30pm

**Little Dragons Playgroup**

AM session 9.00am to 12 noon

PM session 12. noon to 3.00pm **Holiday Club – please complete separate booking form**

Full Day 9.00am to 3.00pm 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. …………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………

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)

………………………………………………………………………………………………………………

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)

………………………………………………………………………………………………………………

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 |  |  |  |  |  |

I hereby confirm that the above named Emergency Contacts have agreed to act as an emergency contact for my child in case of emergencies. ⃣**⃣**

I hereby confirm that the above named Emergency Contacts have been informed of our Privacy Policy. The policy could be subject to change and any updates will be on our web site . ⃣

Signature…………………………………………………….

Our Privacy Policy can be found on our website [www.stgeorgeschildcare.co.uk](http://www.stgeorgeschildcare.co.uk) or ask for a copy at reception.