**Blue Planet Montessori Nursery**

 **Enrolment form**

**Confidential**

**Child’s full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Known as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Parents/ Guardian**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Names of individuals with Parental Responsibility**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship to the child**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Which parent/carer does the child normally live with**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home telephone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work telephone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Special dietary requirements**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and address**

**of family Doctor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Enrolment Form (cont.)**

**confidential**

**Medical and other information**

**1. Are there any medical details about your child which should be known to assist with the care of your child (e.g. prolonged illness, spells in hospital, family illness)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**2. Does your child suffer from any allergies.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**3. Please give any other information you feel is relevant.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**4. Please provide the dates of your child’s immunisations**

 **DATES**

**a) Tetanus, whooping cough & Diphtheria \_\_\_\_\_\_\_\_**

**b) Polio \_\_\_\_\_\_\_\_**

**c) M.M.R. \_\_\_\_\_\_\_\_**

**d) H.I.B. \_\_\_\_\_\_\_\_**

**Please note, staff are only permitted to administer life enhancing medication with parents permission.**

**Security and Emergency Details**

**Child’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Phone Nos (include any mobile or pager Nos)**

**Parents or Guardian ( Home ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents or Guardian ( Work ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Password\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Carer or Person who collects your child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Days and Times of Attendance: (please tick all that apply)**

|  |  |  |
| --- | --- | --- |
| **Day of the week** | **morning** | **Full day** |
| **Monday** |  |  |
| **Tuesday** |  |  |
| **Wednesday** |  |  |
| **Thursday** |  | **Not available** |
| **Friday** |  | **Not available** |

**Date you wish your child to start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To be agreed and signed by parent/carer (please delete any points that you do not agree with and discuss during settling in visit):**

**1. If a child needs medical attention, nursery staff will make every effort to contact the parent/carer immediately. However if a parent/carer cannot be contacted, nursery staff will take the child to the nearest casualty department. Staff at the nursery will continue to try and contact you and will meet you at the hospital.**

**2. I agree to my children receiving emergency medical treatment in the event of my child being taken to the hospital by a member of staff.**

**3. Part of the Blue Planet’s curriculum includes taking children on outings into the local community and places of interest. Letters will go out to all parents seeking permission for all outings. I therefore agree to the following outings: outings in a car / minibus / public transport / on foot**

**4. Permission is granted for my child’s photograph to be taken by nursery staff, which will only be displayed on nursery premises during Nursery hours and in children’s progress booklets.**

**5. Permission is granted for staff and students to observe and record observations of my child, which will be used to monitor my child’s progress. All student observations will be checked and names deleted for the purpose of college assignments.**

**6. Permission is granted for video’s to be taken during school concerts, sports days, celebrating children’s birthdays and special events, no video recordings are permitted on any social media sites or are used for any publicity.**

**7. Permission is granted for staff to apply sun cream on exposed skin during hot months.**

**8. Permission is granted for my child to be administered a hypoallergic plaster if deemed necessary.**

**I have read and agreed to the above:**

**Parent’s/Carer’s Signature : .........................................**

**Date.............................**

**Terms and Conditions**

**If your child is unable to attend any of the sessions you must inform the Nursery as soon as possible. We regret that days off due to illness or holiday must be paid for.**

**When booking please enclose £100.00 registration** **fee this is not** **refundable and is deducted off the first term’s fees.**

**One months notice is required should you wish to withdraw your child from the Nursery School, or change session times.**

**All invoices must be settled on their due dates or charges may be applied.**

 **I am aware that My child is entitled to the free entitlement. However there are additional charges for the additional services offered at Blue Planet Montessori, I understand these are not negotiable and are part of the aims and objectives of the Nursery.**

**The additional services Blue Planet provides are:**

**All staff are fully qualified at and above NVQ level 3 with a the ratio of 1 : 5 which is over and above the legal staffing requirements, all snacks, yoga, qualified music teacher and French teacher.**

**I agree to the above terms and conditions.**

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

**On completion please send this form to our head office address:**

**Blue Planet Montessori Nursery School**

**54 Ridgeway Avenue**

**East Barnet**

**Hertfordshire EN4 8TW**