

Sandcastles Nursery and Out of School Clubs Enrolment

Please use this section to provide information about your child

Full Name _____ Known as _____

Previously known as, if any name changes _____

(please provide documentation)

Home Address (where he/she normally lives) _____

Postcode _____

Date of Birth _____ Sex M / F Religion _____

Is your child adopted / fostered? Yes / No

If yes, when was the adoption / fostering completion date _____

(Please provide documentation, birth certificate)

Ethnic Origin _____

Home Language _____ Additional Languages _____

Doctor's Name and Address _____

Tel No. _____

Please provide details of any health/disabilities/additional needs/dietary requirements

Are there any agencies currently supporting you/your child? Yes / No

If yes, please provide details _____

Please provide details of immunisations received and the dates these were administered

I, _____ give consent for medication to be administered if deemed necessary

and for emergency medical advice or treatment to be sought Yes / No

Has your child or does your child currently attend another setting/child minder? Yes / No

If yes, please provide details _____

Please supply a password to be used when collecting _____

Emergency Contact Details other than Parents (there is a separate section for parent details)

Full Name	Home Tel No.	Mobile No	Relationship to child	Responsibility for Collecting
				Yes / No
				Yes / No
				Yes / No

Mother's Details (Please use this section to provide information about the child's mother)

Full Name _____ Title _____

Home Address _____

_____ Postcode _____

Home Tel: _____ Mobile No _____ Email _____

Occupation _____ Work Name _____

Work Address _____

_____ Postcode _____

Work Email _____ Work Tel No _____

Please give details if English is not your first language _____

Parental Responsibility (Yes / No) Responsible for payment of fees (Yes / No)

Father's Details (Please use this section to provide information about the child's father)

Full Name _____ Title _____

Home Address _____

_____ Postcode _____

Home Tel: _____ Mobile No _____ Email _____

Occupation _____ Work Name _____

Work Address _____

_____ Postcode _____

Work Email _____ Work Tel No _____

Please give details if English is not your first language _____

Parental Responsibility (Yes / No) Responsible for payment of fees (Yes / No)

If you are a single parent family please advise us if your child has contact with the other parent? Yes / No (At your child's room induction please give more information)

If you are not the parent but you have parental responsibility please give your details here (please provide documentation)

Full Name: _____ Relationship to child _____

Home Address _____

_____ Postcode _____

Home Tel: _____ Mobile No _____ Email _____

Please tell us the days and times you would like your child to attend (a minimum of 2 sessions is required) _____

Date you require the place from _____

Are you flexible with the sessions required and/or the start date? Yes / No

Are you currently in receipt of childcare funding? (Yes / No)

If no, do you plan to apply for funding through Sandcastles? (Yes / No) If yes, please give details _____

Monthly invoices are emailed. Please provide the address you would like them emailed to _____

Mother/Guardian signature _____

Print Name _____ Date _____

Fathers/Guardian signature _____

Print Name _____ Date _____

Please return with the enrolment fee, original driving licence or passport and a recent (within the last 3 months) utility bill in your name. Please note, this is a non-refundable fee.

Office use: Added to First Steps

Password No.

Emailed

Added to email contacts

Government Funding

Driving licence / passport witnessed

Utility Bill (less than 3 months old)

The Payment of Fees (by a third party)

We require at least two people to be responsible for the payment of Fees.

Please provide full details of anyone other than those already given who will be responsible for the payment of Fees (not applicable if both the mother and father details have been completed)

Full Name _____ Title _____

Home address _____

_____ Postcode _____

HomeTel _____ Mobile No _____

Email _____

Relationship to Child _____ Occupation _____

Place of Work (Company Name) _____

Address _____

Work Tel No _____

Work Email _____

Signature _____ Print name _____

Date _____

Please refer to our Terms and Conditions where the procedure for the payment of the Fees is detailed in full. Your signature (as a third party) is required on the Terms and Conditions

Monthly invoices are emailed. Please provide the address you would like them emailed to
