

## Sandcastles Nursery 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 \_\_\_\_\_

Due Date \_\_\_\_\_ 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 / dietary requirements / disabilities / additional needs

\_\_\_\_\_

\_\_\_\_\_

Is your child registered with a Dentist? Y / N If yes, date of last visit. \_\_\_\_\_

Dentists name and address \_\_\_\_\_

\_\_\_\_\_ Tel No. \_\_\_\_\_

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 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

Parent one details. Known to child as \_\_\_\_\_

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)

Parent two details. Known to child as \_\_\_\_\_

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 supply a password to be used when collecting \_\_\_\_\_

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

Name	Relationship to child	Phone number	Mobile Number	Authorised to collect
				Y / N
				Y / N
				Y / N

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 \_\_\_\_\_

I/we have been informed that the £25 enrolment fee must be submitted with this form and understand that this is an admin fee that is non-refundable even if I/we decline the place offered.

I/we have been informed that the £200 deposit required for children under three, must be submitted with this form and becomes non refundable if we decline the place offered, reduce the days/sessions attending prior to starting or delay the start date.

I/we have been informed that the £55 membership fee is payable prior to my child's first day (all fully funded places that do not generate an invoice are exempt). If the application is withdrawn prior to the start date this fee is fully refundable.

I/we understand that when we no longer require a place at Sandcastles this information will be destroyed to maintain confidentiality

I/we have a personal connection with a member of staff at Sandcastles Y/N

If yes, please state \_\_\_\_\_

Mother/Guardian signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Fathers/Guardian signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Unless otherwise discussed and agreed, this place is being offered on the staffing ratios of;  
1:3 for under 2's, 1:4 for children aged 2-3 yrs and 1:8 for children aged 3yrs +

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

If yes, please provide details \_\_\_\_\_

## 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 \_\_\_\_\_

Home Tel \_\_\_\_\_ 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

\_\_\_\_\_

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.