HAMD HOUSE NURSERY
Alum Rock
72-78 Wright Road,
Alum Rock, Birmingham,
B8 1NS

Tel. 0121 328 5375

For office use only	
Birth certificate:	YES/ NO
Date Starting:	
Session:	AM/ PM
Student Code:	
Confirmation letter:	
ECS Code:	

PUPIL ENROLMENT FORM 2 YEAR OLDS

THIS FORM SHOULD BE COMPLETED AND RETURNED TO THE NURSERY WITH A COPY OF THE CHILD'S BIRTH CERTIFICATE.
PLEASE NOTE THIS APPLICATION IS SOLELY FOR THE PURPOSE OF APPLYING TO HAMD HOUSE NURSERY. THE CHILDREN ATTENDING THE NURSERY SHALL BE GIVEN PRIORITY WHEN ENROLLING FOR THE RECEPTION CLASS AT HAMD HOUSE SCHOOL. HOWEVER, THIS DOES NOT SECURE A PLACE WITHIN THE RECEPTION CLASS.

Child's name:			Date of Birth:	
Gender:	M / F	Ethnic Origin:	Religion:	
Child's First language:			Disabled:	Yes / No

Home Address: Postcode:	Home Telephone Number: Mobile(s): Email (compulsory):

Name of Parent / Carer (1): DOB: Parent/ Carer (1) work address: NI Number: Occupation: Telephone Number:	Name of Parent / Carer (2): DOB: Parent/ Carer (2) work address: NI Number: Occupation: Telephone Number:

Name of person(s) holding Parental responsibility :	

Emergency Contact: (In the event of being unable to contact parents(s)/carer)

Name (1): Address: Telephone number: Relation to child:	Name (2): Address: Telephone number: Relation to child:

Name of People authorised to collect child : **(MUST BE 16 + AND CHILDREN WILL NOT BE HANDED OVER TO ANYONE OTHER THAN THOSE NAMED, UNLESS PRIOR NOTIFICATION HAS BEEN RECEIVED).**	**1.** **.....** **2.** **.....** **3.** **.....**

Please name any other children or siblings and family members residing in the same household.	Name	DOB	School/nursery	Relation to child

Additional Needs Information	
Does your child have any additional needs? Please tick	
☐ **Communication (speech and language)** ☐ **Sensory (visual, hearing)** ☐ **Learning difficulties**	☐ **Physical difficulties** ☐ **Behavioural problems** ☐ **Medical**
Please give any details about additional needs or any other information you would like to share: **.....** **.....**	
Is your child involved with any outside agencies or professionals e.g. a Speech and Language Therapist, Occupational Therapist, 'Early Support', Child Development centre, Health Services, etc.	
☐ **Yes**	☐ **No**
If yes, please give contact details:	

Name:	Agency:	Tel number:

Does your child require special equipment or aids?	
☐ **Yes**	☐ **No**
If yes, please specify: **.....** **.....**	

Is your family involved with Family Support or CAF?	
☐ Yes	☐ No
If yes, please specify and give contact details:	
Name:	Tel:
Does your child or family have a named social worker?	
☐ Yes	☐ No
If yes, please specify and give contact details:	
Name:	Tel:

Medical Information	
Are your child's vaccinations up to date?	Please state any vaccinations not yet received
Does your child have any current medical conditions we should know of?	
☐ Yes	☐ No
If yes, please specify:	
Does your child take regular medication?	
☐ Yes	☐ No
If yes, please specify:	
Does your child have any special dietary requirements?	
☐ Yes	☐ No
If yes, please specify:	
Does your child have any allergies that you are aware of?	
☐ Yes	☐ No
If yes, please specify:	
Does your child have any personal care requirements e.g. toileting or feeding?	
☐ Yes	☐ No
If yes, please specify:	
Full name and address of child's doctor:	Name and contact details of child's health visitor:
Tel:	Tel:

I give consent for my child to receive any medical treatment which is urgently necessary.	
☐ Yes	☐ No
I give permission for the nursery to contact and share information with outside agencies (i.e. the health visitor, speech therapist, physiotherapist, etc).	
☐ Yes	☐ No
I give consent for photograph and video footage of my child to be used in nursery (to support the EYFS curriculum).	
☐ Yes	☐ No
I give consent for my child to go on local walks/outings with the nursery. Please note trips and outings requiring transport will require separate consent prior to outing.	
☐ Yes	☐ No

Session required:	
☐ Morning 8:50am – 11:50am	☐ Afternoon 12:50pm- 3:50pm

In order to access a 2 year old part time place you must fulfil one of the criteria's found on the eligibility list – please see attached document.

Date I wish my child to start:	

Parental Declaration: Please tick the box that applies to your child and fill in the relevant information if your child does attend another setting.

- ☐ **I declare that my child named on this form does not attend any other setting for which free nursery education funding is paid.**
- ☐ **I declare that my child named on this form does attend another setting for which free nursery education funding is paid for .....session/s per week.**

Setting name and address:

<u>Parent to take note:</u>

I have been made aware and understand that any carer who suspects that a child in his/her care may have been abused or neglected has a duty to report this to the Integrated Access Team.

Signed (parent/ carer):	1.	Date:	.....
Signed (parent/ carer):	2.	Date:	.....

To assess the impact of our advertising, please tell us how you heard about the Nursery.

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