

**HAMD HOUSE NURSERY
SPARKBROOK
7a Walford Road,
Sparkbrook, Birmingham,
B11 1NP**

Tel. 0121 773 0822

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

PUPIL ENROLMENT FORM 3 / 4 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:	Home Telephone Number:		
Postcode:	Mobile(s):		
	Email (compulsory):		

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

Name of person(s) holding Parental responsibility :	
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Emergency Contact: (In the event of being unable to contact parents(s)/carer)

Name (1):	Name (2):
Address:	Address:
Telephone number:	Telephone number:
Relation to child:	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	
<input type="checkbox"/> Communication (speech and language) <input type="checkbox"/> Sensory (visual, hearing) <input type="checkbox"/> Learning difficulties	<input type="checkbox"/> Physical difficulties <input type="checkbox"/> Behavioural problems <input type="checkbox"/> 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.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give contact details:	
Name:	Agency:
Does your child require special equipment or aids?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:	

Is your family involved with Family Support or CAF?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify and give contact details:	
Name:	Tel:
Does your child or family have a named social worker?	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:	
Does your child take regular medication?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:	
Does your child have any special dietary requirements?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:	
Does your child have any allergies that you are aware of?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please specify:	
Does your child have any personal care requirements e.g. toileting or feeding?	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give permission for the nursery to contact and share information with outside agencies (i.e. the health visitor, speech therapist, physiotherapist, etc).	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give consent for photograph and video footage of my child to be used in nursery (to support the EYFS curriculum).	
<input type="checkbox"/> Yes	<input type="checkbox"/> 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.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Session required:		
<input type="checkbox"/> Morning 8:50am - 11:50am	<input type="checkbox"/> Afternoon 12:50pm - 3:50pm	<input type="checkbox"/> Full time 9am - 3 pm See eligibility criteria

Date I wish my child to start:	
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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 forsession/s per week.

Setting name and address:

Parent to take note:

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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