

**HAMD HOUSE NURSERY
SMALL HEATH
11 – 27 St Oswald’s Road,
Small Heath, Birmingham,
B10 9RB**

Tel. 0121 772 8838

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:

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: