

2. Enrolment Form/Child's Personal Details

Updated April 2015



Before returning this form please ensure that you have read and understood the terms and conditions (please print in block capitals when completing this form).

Child's first name

Child's second name

Child's surname

Child's DOB

Child's address

Post code

Home phone number

Person with parental responsibility. If not mother or father
Relationship -
Name:

Address (if different from above):

Name (first parent)

Mobile number

Email

Place of work

Contact phone number

Name (second parent)

Second parent surname

Mobile number

Email

Place of work

Contact phone number

Doctors name and phone number

Address of surgery

Health visitors name

Additional contact numbers: Please ensure we have at least one telephone number of someone we can contact in an emergency other than the numbers already given.

Relationship to the child

Address

Telephone number

Relationship to the child

Address

Telephone number

Authorised persons to collect the child

First contact

Relationship to the child

Address

Telephone number

Second contact

Relationship to the child

Address

Telephone number

Password

2. Enrolment Form/Child's Personal Details

Updated April 2015



Bright Stars Childcare Ltd
Green Lane Frome Somerset BA11 4JW
t. 01373 451619
Email: childcare@brightstars.org.uk
www.brightstars.org.uk

Does your child have any health problems that the setting needs to be aware of Yes / No
If you would like to talk in confidence about any issues please ask to speak to Mrs Cottrell
All information will be treated in the strictest of confidence.

Is your child taking any regular or prescribed forms of medication:

Yes / No
If yes please give details

Does your child have any preferred or special dietary requirements:

Yes /No
If yes please give details

Does your child have any food allergies:
If yes please give details

Does your child have any educational special needs that you are aware of:

Yes/No (if yes please give details)

Are there any other professionals working with your child, i.e. Speech Therapist/ MAISY/ Portage workers/other (please circle as appropriate or give details):

Does any other setting/child minder share in the care of your child:

Yes /No

If yes, please give details:

Immunisation record please tick as appropriate:

Diphtheria

Tetanus

Whooping Cough

Poliomyelitis

Meningitis C

Measles, Mumps & Rubella

Child's ethnic origin:

Child's/parents first language:

Child's siblings:

Thank you for completing this enrolment form it will help us build up a picture of your child and the best way we can help them.

It is your responsibility to inform us of any changes to the above information.

Signature _____

Print name _____

Date _____