



Bardfield Montessori Day Nursery Ltd. Great Bardfield, Braintree Road, Braintree, CM7 4PY.

Tel: 01371 811 088 E-mail: info@bardfieldmontessori.co.uk

Enrolment Form v1 10.2020

CHILD'S DETAILS											
Surname							First name(s)				
Known as							Date of birth				
First language							Other language(s)				
Languages spoken at home and by whom							Position in family (eg oldest of 3)				
Gender		Male		Female		Religion					
Home address (including postcode)											
Was your child premature? If so please give details below.								Yes		No	
Original Expected Date of Delivery							Adjusted age at entry				

PARENT/CARER 1												
Relationship to child							Does this person have parental responsibility?		Yes		No	
Surname							First name					
Home address (if different from above)												
Mobile tel no							Home tel no					
Occupation							Work tel no					
Email address												

PARENT/CARER 2												
Relationship to child							Does this person have parental responsibility?		Yes		No	
Surname							First name					
Home address (if different from above)												
Mobile tel no							Home tel no					



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Occupation		Work tel no	
Email address			
Please give details of any family circumstances of which we should be aware:			

OTHER PROVISIONS					
Does your child attend another childcare setting?	Yes		No		Number of hours per week
Name				Phone number	
Email address					

PRIMARY SCHOOL	
Which year is your child expected to start school?	
Which school (if known)	

CHILD'S MEDICAL HISTORY												
Doctor's name							Phone number					
Surgery address (including postcode)												
Has your child had the following immunisations?												
Diphtheria		Whooping cough		Tetanus		Polio		MMR		HIBS		
Does your child suffer from any of the following?												
Food Allergy	Yes		No		Please give further information if applicable							
Food Intolerance	Yes		No									
Environment/Animal allergy	Yes		No									
Asthma	Yes		No									
Please state any other medical history or conditions that you feel we should be aware of:												



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Please note that a nursery Healthcare Plan is required for all children suffering from allergies or other medical conditions and a doctor or hospital confirmation letter of the condition(s)

ADDITIONAL NEEDS

Does your child have any additional needs that will require support within the nursery? Eg speech delay.

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SPECIAL REQUESTS

Do you have any special requests regarding religious or cultural observance?

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OTHER AGENCIES

Are any other agencies involved with your child? Eg speech therapist, occupational therapist

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EMERGENCY CONTACT DETAILS



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Please list two people that we can contact in an emergency, should we be unable to contact either parent or carer. Ideally these contacts should be locally based and be a short driving distance from the Pre-school.

Contact 1		Contact 2	
Name		Name	
Address		Address	
Home tel no		Home tel no	
Mobile tel no		Mobile tel no	
Relationship to child		Relationship to child	

AUTHORISED PEOPLE TO COLLECT YOUR CHILD FROM NURSERY

Please list anybody who you authorise to collect your child from school, including yourself.

1	Name		Relationship to child	
2	Name		Relationship to child	
3	Name		Relationship to child	
4	Name		Relationship to child	
5	Name		Relationship to child	

Please give full contact details for anyone named above, whose details have not already been provided on this form

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ATTENDANCE PATTERN

Please include details below of your intended session plan. Confirmation of attendance will be given on return of your enrolment form and registration fee.

Intended Start Date:

	Monday	Tuesday	Wednesday	Thursday	Friday
School Day 8:00-3:30					
All Day 8:00-6:00					
Extended School Day 7:30-3:30					
Extended All Day 7:30-6:00					

Please tick your intended annual attendance.

All Year Round – 51 Weeks of the Year		Term Time with Retainer Session	
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PERMISSION DECLARATION

Please sign below to give us permission and agreement for the following:

1	To take your child on local nature walks or visits while in our care	Yes		No	
2	To administer basic first aid, including the application of plasters should the need arise	Yes		No	
3	To seek medical advice and treatment should the need arise	Yes		No	
4	To apply suntan lotion to your child when appropriate	Yes		No	
Signed		Print Name		Date	



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PRIVACY DECLARATION

We take privacy very seriously and will only use children's personal data for educational purposes. This will be shared with other government bodies, for example, Ofsted and Essex Early Years, for the purposes of monitoring provisions and learning outcomes.

CHILD'S NAME: _____

1	I understand that my child's data will be stored on a secure, encrypted online record keeping system	Yes	
2	I understand that my child's educational data will be used to monitor and track his/her developmental progress within the nursery and by Local Government Authorities. If you are claiming Educational Entitlement funding, the nursery is required to provide developmental evidence to Essex County Council and Ofsted.	Yes	

Signed		Print Name		Date	
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There are key elements in the life of our nursery where parents and the wider community will naturally wish to have a visual record of the proceedings. Unfortunately, the actions of the minority in the misuse of visual images and recordings, in particular through the use of the internet and social networking sites, have meant that local authorities and schools need to pay particular attention to the requirements of data protection legislation. We therefore need to ask to have your permission to continue to allow photography and recordings within the nursery setting. We would advise that all such visual images and recordings should be for personal use only and any photographs and recordings showing children other than your own SHOULD NOT be posted on any social networking sites or blogs. It is necessary for every parent to sign and return the following information for each child. The following applies to events in and out of school (eg school trips). Thank you for your support in this matter.

3	I consent to my child being photographed by official photographers invited to do so by the nursery (eg school photographers, newspapers etc)	Yes	No	
4	I consent to my child being photographed by nursery staff for nursery purposes (eg Notice boards, inclusion in the Learning Journey books, open events, nursery brochure, newsletters etc)	Yes	No	
5	I consent to my child being photographed or video recorded by parents, grandparents or relatives at the nursery open events such as fun day, school presentations KINDLY NOTE: Unless all parents agree to no.5, photography/ video recordings will not be allowed at school open events.	Yes	No	
6	I consent to my child being photographed or video recorded by official photographers or nursery staff for promotional content (eg facebook)	Yes	No	

Signed		Print Name		Date	
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FINAL DECLARATION

By signing below, you confirm that the details you have provided are correct and that you will update us immediately should there be any change.

Print Name	
Sign	
Date	

Please complete and return this form to the nursery. Alongside the completion of this form please pay your deposit and registration fee payment to confirm your place. £100.00 deposit payment, which is returned to you on your first month's fee and £60.00 registration fee, which includes two pieces of uniform. Payments can be taken in cash or via BACS.

Please quote your child's full name as reference.

Bardfield Montessori Day Nursery Ltd

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