



**Playbase Nursery**  
Beezon Road, Kendal, Cumbria LA9 6EL  
Telephone: 01539 737472 Fax: 01539 737519  
E-mail info@playbasenursery.co.uk

## Children's Enrolment Form

Child's Surname  Forename(s)

Preferred Name

Sex  Age  Date of Birth

Home Address

Post Code

## Parent/Guardian/Next of Kin Contact Details

1. Parent/Guardian/  
Next of Kin

Name:   
Relationship to Child:

\*

Home  
Address

Post Code

Tel. No.

Mobile No:

E-mail:

Work  
Address

Tel No.

Usual working pattern: (days/hrs)

Password:

\* Please indicate order of contact

Child's Name

**Parent/Guardian/Next of Kin Contact Details**

2. Parent/Guardian/  
Next of Kin

Name:

\*

Home  
Address

Post Code

Tel. No.

Mobile No:

E-mail:

Work  
Address

Tel No.

Usual working pattern: (days/hrs)

**Emergency Contacts Other Than Above**

3. Name:

Address:

\*

Relationship to Child:

Contact Tel No. 1:

Contact Tel No 2:

Contact Tel No 3:

4. Name:

Address

\*

Relationship to Child:

Contact Tel No. 1:

Contact Tel No. 2:

Contact Tel No. 3:

\* Please indicate order of contact

Child's Name

**Medical Details:**

Doctor Details:

Name:

Address:

Telephone Nos.

- 1.
- 2.

Tick any illness from which your child has already suffered:

Chicken Pox

Date:

Measles

Date:

Scarlet Fe-

verDate:

Whooping Cough

Date:

German Mea-

slesDate:

Polio

Date:

Diphtheria

Date:

Other

Other

MMR Vaccination: Yes

No

Other relevant medical history or current known medical condition:

Allergies:

Details of Special Requirements (eg. Medical, dietary)

Playbase Nursery has a strict Medication Policy in place. When you receive your Welcome Pack please read the Medication Policy thoroughly to ensure that you understand its contents.

Child's Name

### Parental Consent

Do you give your permission for the nursery to administer the following, when absolutely necessary.

	Yes	No
Plasters	<input type="checkbox"/>	<input type="checkbox"/>
Sun cream SPF 20 or above	<input type="checkbox"/>	<input type="checkbox"/>
Medical Attention (eg doctor)	<input type="checkbox"/>	<input type="checkbox"/>
Taken/Escorted to hospital	<input type="checkbox"/>	<input type="checkbox"/>

### Visits/trips

Do you give permission for your child to be taken on outings from the nursery for educational visits and trips

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Do you give permission for your child to go on supervised walks outside the nursery

<input type="checkbox"/>	<input type="checkbox"/>
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### Outdoor Play

Please be aware that outdoor play is an important part of children's growth and development. We have an all-weather playground and go outside all year round. Please ensure that you send your child appropriately dressed.

Please tick the box to say you understand this.

### Photographs

Do you give permission for your child to be photographed on occasions by nursery staff or individuals validated by the nursery

The photograph may be used in your child's portfolio

The photographs may be used in nursery setting displays

The photographs may be used in press Releases/advertising/promotions

The photographs may be used in the prospectus/web site

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Child's Name

**Session Details**

	Monday	Tuesday	Wednesday	Thursday	Friday	
07.30–08.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
08.00–08.30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
08.30-17.30 Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
08.30-12.30 Half Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12.30-13.30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13.30–17.30 Half Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17.30-18.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18.00-18.30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.00-3.30 School session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Preferred Commencement Date

Term Time Only

**Grant Sessions**  
You will be eligible for grant funding commencing the term **AFTER** your child's third birthday. If this is applicable please

I/We the Parent/Guardian/Next of Kin wish to enrol our child for a place at Playbase Nursery. (Please notify us as soon as possible if there are any changes in your details).

Signature .....

Print Name.....

Signature .....

Print Name ..... Date.....

Childs Name

Optional Information:

Religion

Ethnicity

Nationality

Position in Family

Please use this to note any additional information which may be useful to us.