



**Rougham**  
**Acorns & Woodlands**  
Registered Charity No. 1124816

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**STRICTLY PRIVATE & CONFIDENTIAL**  
**ENROLMENT FORM**

Child's Full Name : \_\_\_\_\_

Date of Birth: \_\_\_\_\_

What they like to be known as : \_\_\_\_\_

Details of 1<sup>st</sup> Parent/Carer

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone no: \_\_\_\_\_ Mobile no: \_\_\_\_\_

Email address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Work name and contact no: \_\_\_\_\_

Details of 2<sup>nd</sup> Parent/Carer

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone no: \_\_\_\_\_ Mobile no: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Work name and contact no: \_\_\_\_\_

**PLEASE STATE CLEARLY WHO HAS PARENTAL RESPONSIBILITY AND LEGAL CONTACT:**

**IS THERE ANYONE WE SHOULD BE AWARE OF THAT SHOULD NOT COLLECT OR HAVE CONTACT WITH YOUR CHILD:**

Please give full details of ANY OTHER PERSONS who may collect the child from the setting, as children will only be allowed to leave with named person(s) and also detail anyone you would like to be contacted in case of an emergency.

PLEASE PROVIDE A PASSWORD WHICH WILL BE USED SOLELY FOR ANYONE COLLECTING YOUR CHILD: .....

*(This password will be known only to yourselves and the staff at Acorns & Woodlands)*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone no: \_\_\_\_\_ Mobile no: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Work name and contact no: \_\_\_\_\_

Contact in Emergency: YES /NO

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone no: \_\_\_\_\_ Mobile no: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Work name and contact no: \_\_\_\_\_

Contact in Emergency: YES /NO

Child's Doctor:

Name & Address: \_\_\_\_\_

\_\_\_\_\_

Telephone no: \_\_\_\_\_

Health Information:

Has your child been fully immunised against the following?

Diphtheria: YES / NO

Tetanus: YES/NO

Whooping Cough: YES/NO

Measles: YES/NO

Mumps: YES/NO

Rubella: YES/NO

Hib Meningitis: YES/NO

Please give details of any medical conditions such as Diabetes, Asthma, Epilepsy, Allergies etc, and details of any supportive medications that your child may need to take whilst at the setting:

\_\_\_\_\_

Do you give permission for hypoallergenic plasters to be used on your child should the need arise? (please circle) YES/NO

Do you give permission for seeking emergency advice and treatment, should be need arise? (please circle) YES/NO

Do you give permission for emergency first aid to be administered on your child should the need arise? (please circle) YES/NO

Does your child have any special dietary requirements? YES/NO

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Does your child have help from / contact with / attend any of the following professionals (please give contact details)?

Health Visitor \_\_\_\_\_

Speech & Language Therapist \_\_\_\_\_

Occupational Therapist \_\_\_\_\_

Portage \_\_\_\_\_

Advisory Teacher \_\_\_\_\_

Educational Psychologist \_\_\_\_\_

Paediatrician \_\_\_\_\_

Physiotherapist \_\_\_\_\_

Other? Please give details \_\_\_\_\_

Special Needs/Disabilities:

If your child has any special/additional needs, please give full details so that we can ensure that opportunities are available for participation in activities and that any assistance that is required is provided.

Additional information:

Child's first language: \_\_\_\_\_

Other language(s) spoken at home: \_\_\_\_\_

Anything else you think we should know about your child such as fears, dislikes, comfort items, special words, food likes and dislikes:

\_\_\_\_\_  
\_\_\_\_\_

Has your child any younger/older siblings: YES/NO ages: \_\_\_\_\_

Has your child previously attended (please give details if applicable):

A parent/toddler group? \_\_\_\_\_

Another pre-school? \_\_\_\_\_

Another after-school/holiday club? \_\_\_\_\_

## PERMISSIONS & DECLARATIONS

I agree to supply sun protection cream for my child and give permission for staff to assist my child in applying the cream as necessary: YES/NO

In the event we have extremely hot weather, I give permission for my child to be cooled down by using a wet flannel or similar. YES/NO

I agree that my child may be included in any positive photographs/digital images that may be taken at the provision and used in administration, displays, leaflets, marketing and newspapers: YES/NO

At Rougham Acorns & Woodlands we sometimes like to take the children outside for activities such as short walks or visit to the play park, etc. The staff will comply with the Outings Policy.

I give consent for my child to participate in the activities described above: YES/NO

In order to develop inclusive practice within our provision, it may be necessary for us to seek advice from other professionals from time to time. This will help us to adapt our practice to meet the individual needs of children.

I give consent for staff to consult with other professionals, if they feel this is appropriate. YES/NO

Parent / carer signature : \_\_\_\_\_

Dated : \_\_\_\_\_

### Declaration:

I confirm that all the details given are correct. I will keep the setting informed of any changes that occur.

I give permission for my child to attend the provision and for staff to take full charge of my child whilst at Rougham Acorns & Woodlands.

I understand that Rougham Acorns & Woodlands will hold information on my child and that this will be stored in a lockable file and accessed by authorised personnel only. I understand that I can see a copy of my own child's information.

I understand that Rougham Acorns & Woodlands take no responsibility for loss or damage to personal property and that valuable items should NOT be bought on the premises.

Parent / carer signature : \_\_\_\_\_

Dated : \_\_\_\_\_