

Early Birds Enrolment Form

Please complete and return to the Registration Secretary: Hilary Armstrong,
Bunbury Lock Farm, Bunbury, Nr Tarporley, Cheshire CW6 9QB TEL: 01829 260410

Child's Full Name:

Date of Birth:

Home Address:

Telephone Number:
Email address:

Mother's Name:
Contact Telephone Number:

Father's Name:
Contact Telephone Number:

Guardians Names:
Legal Responsibilities:
If applicable please complete or move to the next section
Who has parental responsibility for your child?
Name(s)
Who has Legal Contact with your child?
Name(s)

Grandparents/Childminder's Name:
Contact Telephone Number:

I give permission for my grandparents/childminders to take my child
to the doctors if necessary Yes No

Name and Contact details of your child's Health Visitor:

I give permission for Early Birds to see and share with other organisations
my child's Personal Child Health Record book from the NHS, if required. Yes No

My child has completed their 2 year old check with the Health Visitor. Yes No

Name and Telephone of person to contact in an emergency: (Parents / Carers / Childminder)

Name: Telephone No.

Child's Doctor:
Doctor's Address:

Telephone Number:

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical
or surgical treatment, including an anaesthetic or blood transfusion
as considered necessary by medical authorities present. Yes No

I agree that the setting could seek advice from the medical
authorities and implement any medical attention required. Yes No

Does your child have any special dietary requirements or health problems including allergies?

Symptoms - signs - treatment required, as per Doctors recommendation:

Please indicate if your child has had the following:

Triple vaccination Yes No MMR Yes No Hib. Vaccination Yes No

Please state if any outside agencies or other professionals will be assigned to your child and family at the same time as they are attending Early Birds. i.e. health visitor, physio, speech and language etc

Favourite toys/activities your child enjoys or any fears/concerns relating to Pre-School?

If your child will be attending another pre school or nursery whilst also at Early Birds please state below the place, name and contact details as this will enable us to forward on your child's development summary.

My child will attend Early Birds on (please tick as appropriate):

Monday	Morning	<input type="checkbox"/>	Morning plus lunch	<input type="checkbox"/>	All day	<input type="checkbox"/>
Tuesday	Morning	<input type="checkbox"/>	Morning plus lunch	<input type="checkbox"/>	All day	<input type="checkbox"/>
Wednesday	Morning	<input type="checkbox"/>	Morning plus lunch	<input type="checkbox"/>	All day	<input type="checkbox"/>
Thursday	Morning	<input type="checkbox"/>	Morning plus lunch	<input type="checkbox"/>	All day	<input type="checkbox"/>
Friday	Morning	<input type="checkbox"/>	Morning plus lunch	<input type="checkbox"/>	All day	<input type="checkbox"/>

as agreed with the Registration Secretary.

I am able to view the policies on the Early Birds Website and have read them.

Yes No

I agree to pay all fees termly in advance.

Yes No

I have read, understood and accept the information contained in the Early Birds Pre-School Prospectus Document, policies and procedures.

Signature of Parent/Guardian

Date