



Great Amwell Nursery School Enrolment Form

We are required by Social Services to keep records for the children in Nursery. On your child's first day please bring original copy of birth certificate or passport for your child as proof of their date of birth. Thank you!

Personal Details

Family Name:

Name of Child:

Name by which child should be addresses in Nursery:

Home Address:

Postcode:

Home Telephone Number:

Home Email address:

We communicate with parents via email to save nursery resources (paper and ink). Do not give us this address unless you use it regularly.

Child's Date of Birth:

Child's Gender: Male/Female

Family Religion/Culture:

Child's first language:

Languages spoken at home:

Contact Details

Mother's name:

Home Tel No:

Mobile Tel No:

Mother's work Tel No:

Times of contact on this no:

Father's name:

Home Tel No:

Mobile Tel No:

Father's work Tel No:

Times of contact on this no:

Emergency contact / alternative name and contact Tel Nos:

Password e.g. Mothers maiden name, to be used by persons collecting your child other than yourself:

Names of persons authorised to collect child from the nursery. Please ensure they know the password and you notify us of any changes. No child will be released to an unauthorised person.

Special requests/requirements about religious observance, food, health, clothing, or other special matters which we should observe in our nursery:

Please specify name of anyone who has legal contact with the child: (If this is not relevant please state not applicable or N/A).



Please specify who has parental responsibility for the child.

Name/Tel No of Doctor:

Name/Tel No of Health Visitor:

Allergies i.e. food, medicine:

N.B. We use wet wipes and baby bath products with the children in the nursery

Others illnesses had e.g. mumps, measles, chicken pox:

Any other medical details - Major illness/on going health problems/been in hospital recently:

ABOUT YOUR CHILD

Common words your child uses e.g. to use the toilet:

Does your child drink milk?

Yes/No (Please delete as appropriate)

Does your child have any comforts e.g. blanket or soft toy:

Other siblings living at home

Name

DOB

School attended

Position in Family

1 2 3 4 5 6 7 8 9 10

Please circle number to indicate position

Names and types of pets:

Previous Care

Dates

Will your child be attending any other setting in addition to this one (We need to know this for funding purposes) YES / NO
(If Yes please tell us which one)

Which infant school do you hope your child will be attending:

When do you expect your child to leave Great Amwell Nursery School:

Does your child have any special needs which you would like to discuss with our staff? Yes/No (Please delete as appropriate)



Background information on your child which may help us to understand her/him - e.g. any special fears, recent family events that may have affected the child:

I/We wish to secure a place at Great Amwell Nursery School
The sessions I/We prefer subject to availability are:

I/We have received, read, fully understood and abide by the nursery terms and conditions, which I/We will keep for future reference.

Signed _____ Parent/Guardian Date _____

PLEASE RETURN THIS FORM TO LOUISE RAJA ALONG WITH 2 PASSPORT SIZED PHOTOS FOR THE REGISTRATION BOARD AND YOUR CHILD'S FOLDER AT BURNSIDE COTTAGE, MUNDEN ROAD, DANE END, WARE, HERTS. SG12 0LP

Staff Use Only

Proof of Date of Birth (PLEASE BRING THIS WITH YOU ON DAY 1)

Birth Certificate Certificate Number:

Passport Passport Number:

(Please circle which document you have seen)

Date Seen: / /

I have seen the original copy of this document as detailed above.

Signed _____ Staff Member Date _____



Home Information

Name of child: _____

Language(s) spoken at home: _____

Name of previous/other settings: _____

Date: _____

My Child (tick the appropriate box)

- Enjoys playing with other children
- Prefers to play alone
- Needs help to go to the toilet
- Manages the toilet independently
- Needs help to put on their coat/shoes
- Manages their coat/shoes independently
- Communicates clearly with adults and other children
- Sometimes finds it difficult to make him/herself understood by others
- Is happy to be left by me May find it hard to settle without me
- May need a comforter at Nursery

My Child's Health: (tick the appropriate box)

- Is usually good
- Has had hearing/vision/speech difficulties (indicate which)
- Has specific allergies (indicate which)



Things I like to do: (please fill this section in with your child)

- Toys and games I like to play with:

- Friends I like to play with:

- Stories and Rhymes I like to hear:

- Clubs and activities I go to:

- What I like doing best is:

- I am happy when:

- I am sad when:

This is a picture of me:



The girls show off their new nursery T shirts

Our uniform is not compulsory but it does give a sense of belonging for the children, help save their good clothes from paint and spills, and give you one less thing to think about each morning! If you would like to order T shirts, sweat tops or book bags please let complete this form and return to Louise at nursery. NEW!! Colours: Light pink/Sky Blue. Price: £11.00.

Child(ren) 's Name (s) _____

T Shirts £5.50

No T Shirts Req'd @ _____

Colour Pink / Blue

Fleece lined hooded sweat tops £11.00

No Sweat Tops Required _____ Colour Pink / Blue

Sizes: XS (Age 3-5 One Size fits all)

BOOK BAG ORDER FORM (£5.50 each)

COLOUR (This will be the colour of your child's Key Group)

RED GREEN YELLOW BLUE

Total Value of order _____

Please enclose payment with order. Cheques to Great Amwell Nursery

Great Amwell Nursery Parental Involvement Form



Childs Name: _____

Parent Helpers

Do you have any special skills you would like to share with us at the nursery?

The children love to have other parents in at nursery and for your own child it is usually a lovely experience to share a morning at nursery with them. If you would like to come in and join us speak to Mrs Raja. You could join us for nature walks, icing biscuits, baking cakes, story time with a small group or you may have a special skill or talent you could share with the children. Please let us know if you have any talents or skills that you feel you could share. Mrs Raja will then discuss how/ when this could be brought in to the nursery with you.

Specialist talent or skill I could offer: _____

I would like to come in and help once a term or more if required _____

Email

To save paper and also speed up communication processes we communicate with as many parents as possible by email. If you have an email address and would be happy to receive newsletters etc by email then please could you let us know?

Yes I would like to receive newsletters by email in future.

Signed _____ Parent/Guardian Date _____

Parents Committee

We are looking for new members to join our committee. The parents on the committee meet at least once a term. Their role is to raise money for our toy fund, and they are also consulted on ideas / changes that may have been proposed. As a parent rep you are also invited to help at events such as the Christmas play or Christmas craft workshop etc. We are always keen to involve parents more in the running of the nursery. Please let us know if you would like to join us!

Yes I would like to join the parents committee

Signed _____ Parent/Guardian Date _____



Great Amwell Nursery School Ethnic Monitoring Form

We use the information you give below to monitor equal opportunities. It also helps us make any necessary arrangements to meet any specific needs your child may have during their time at the nursery school.

Childs Name: _____

1. Does your child have any kinds of disability?

Yes: _____ No: _____ Prefer not to state: _____

If yes please describe:

Please show which group best describes your child's ethnic origin and religion:
(please tick one only)

2. Ethnic Origin

Asian or Asian British - Indian
Asian or Asian British - Pakistani
Asian or Asian British - Bangladeshi
Chinese
Other Asian Background
Black or Black British - Caribbean
Black or Black British - African
Other black background
White British
White Irish
Other White Background*
Mixed - White and black Caribbean
Mixed - White and black African
Mixed - White and Asian
Other Mixed Background*
Other Ethnic Background*
Not Known
Prefer not to state.

3. Religion

Buddhism
Christianity
Hinduism
Islam
Judaism
Sikhism
Other*
None
Prefer not to state

*If other, please state

4. What is the main language spoken in the home?

5. What is your chosen language for communication?

* If other, please state

Signed _____ Parent/Guardian Date _____



Great Amwell Nursery School Terms and Conditions

These terms and conditions have been set for the safety and well being of the children in our care and to assist with the smooth running of the Nursery. Parents are required to note and abide by the following conditions:

1. Fees are payable half termly in advance i.e. during the first week of each half term. Fees must still be paid during absence, for any reason and missed sessions cannot be taken at other time. An invoice for your child's fees will be issued to you at the start of each term. Fees at present are £11 per session until the term after your child turns 3. After this your child is entitled to up to 15 hours free under the government pathfinder grant scheme.
2. A non refundable deposit of £20 is required to secure a place for your child. Please return this with the enrolment forms asap.
3. Cheques for fees should be made payable to Great Amwell Nursery School and handed to Bev Howlett or Louise Raja. Any cash must be in a clearly marked envelope stating the child's name.
4. Once a place has been accepted we require six weeks of term time written notice and fees equivalent to the notice period to cancel your child's place.
5. Once sessions have been allocated to your child they cannot be altered week by week. Sessions may be changed at the start of term and/or half term week only. Forms to request a change or increase in sessions are available at the nursery.
6. When collecting your child please be on time so they feel secure at all times. No child will be allowed to leave the nursery with a person other than the parent/carer named on the enrolment forms unless we have been previously informed.
7. Please drop off your child and leave promptly once their session is over. This is to alleviate congestion and ultimately for your child's safety. Please park in the parish hall car park rather than the school playground next door if you can. Please avoid parking in Hillside Lane as this is a privately owned road and residents will complain,
8. Milk or water is provided for the children and a healthy, light snack i.e. fruit, dips or toast. Packed lunches must be clearly named on the outside and as we promote healthy



eating must not include sweets or chocolate. To help with snack parents are asked to bring one piece of fruit in per week per child.

9. All items of clothing and personal belongings must be labeled. Please use sew on tapes or permanent marker pens for clothing as iron on labels and sticky labels come off. Please label toys with sticky label.
10. A child who has an infectious illness or sickness should not attend nursery and parents should inform us at once. If your child has any health or toilet problems please let us know. Should a child fall ill whilst at nursery you will be contacted and asked to collect them asap.
11. If your child has a tummy bug (sickness or diarrhoea) they should be kept off for 48 hours after the last incidence to avoid spreading the infection.
12. Parents must notify us at once of any change in address or contact details or any other significant changes to information given on the enrollment form. This is so that we can contact you in an emergency.
13. If you are dissatisfied/have concerns with any aspect regarding the running of the nursery school please speak to Louise Raja Nursery Manager/Owner or Mrs Howlett her deputy.
14. We have a positive behaviour management policy at nursery. (Please see website for details). No physical punishment is used.
15. Many factors can affect your child and their development. Should situations such as the birth of a sibling, change in sleeping habits or even loss of a pet occur, please inform your child's keyworker so that can offer special care and attention to allow for this.
16. In the event of extreme weather we regret that fees cannot be refunded. This is because overheads still have to be paid even if we are closed.



Great Amwell Nursery School Permission Form

Childs Name: _____

Form Signed by: (Please print name) _____

Relationship of child to signatory: _____ Date _____

I give my permission for my child's photograph to be taken and if appropriate put on display. (This may be in your child's portfolio, prospectus, on a wall display or in a student's folder of work.)

Signed _____ Parent/Guardian Date _____

I give my permission for my child's assessment records to be passed on to the next setting they attend.

Signed _____ Parent/Guardian Date _____

I give permission for the nursery staff to seek advice from outside agencies regarding my child if they feel it is necessary to do so.

Signed _____ Parent/Guardian Date _____

I give permission for my child to be taken from nursery premises to carry out an activity, go on walks and outings and taken in emergencies to other premises for safety.

Signed _____ Parent/Guardian Date _____

I give my permission for my child to be taken from the nursery premises in emergencies to doctors or hospital and for a staff member to consent to medical treatment required by my child.

Signed _____ Parent/Guardian Date _____

I give permission for my child to be changed out of wet / soiled clothing and to be cleaned and dried by any member of the nursery staff who has been cleared by Ofsted as a fit person.

Signed _____ Parent/Guardian Date _____

I give my permission for the nursery staff to give my child first aid treatment. Please note that due to possible allergy we do not use creams, sprays etc. on the children.

Signed _____ Parent/Guardian Date _____

I understand that if my child requires medication whilst at nursery, I need to complete a medication form available from a member of staff. Please speak to Mrs Bonner for further information.

Signed _____ Parent/Guardian Date _____

PLEASE RETURN TO LOUISE AT NURSERY OR AT BURNSIDE COTTAGE, DANE END,
HERTS SG12 0LP OR ALTERNATIVELY YOU CAN EMAIL TO
greatamwellnursery@googlemail.com 01920 438011