

Visitors pack

2. First Steps enrolment form/child's personal details

Updated September 16




First Steps
Day Nursery/School

44 Compton Road
Shepton Mallet
Somerset
BA4 5QT
Tel 01749346733
Email
fsnursery@btconnect.com

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Before returning this form please ensure that you have read and understood the terms and conditions (please print in block capitals when completing this form).

Child's first name _____

Child's second name _____

Child's surname _____

Child's DOB _____

Child's address _____

Post code _____

Home phone number _____

Person with parental responsibility. If not mother or father
Relationship -
Name: _____

Address (if different from above):

Name (first parent) _____

Mobile number _____

Email _____

Place of work _____

Contact phone number _____

Name (second parent) _____

Second parent surname _____

Mobile number _____

Email _____

Place of work _____

Contact phone number _____

Doctors name and phone number _____

Address of surgery _____

Health visitors name _____

Additional contact numbers: Please ensure we have at least one telephone number of someone we can contact in an emergency other than the numbers already given.

Relationship to the child _____

Address _____

Telephone number _____

Relationship to the child _____

Address _____

Telephone number _____

Authorised persons to collect the child

First contact _____

Relationship to the child _____

Address _____

Telephone number _____

Second contact _____

Relationship to the child _____

Address _____

Telephone number _____

Password _____

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Does your child have any health problems that the setting needs to be aware of Yes / No
If you would like to talk in confidence about any issues please ask to speak to Mrs Garland
All information will be treated in the strictest of confidence.

Is your child taking any regular or prescribed forms of medication:
Yes / No
If yes please give details

Does your child have any preferred or special dietary requirements:
Yes /No
If yes please give details

Does your child have any food allergies:
If yes please give details

Does your child have any educational special needs that you are aware of:
Yes/No (if yes please give details)

Are there any other professionals working with your child, i.e. Speech Therapist/ MAISY/ Portage workers/other (please circle as appropriate or give details):

Does any other setting/child minder share in the care of your child:
Yes /No
If yes, please give details:

Immunisation record please tick as appropriate:
Diphtheria
Tetanus
Whooping Cough
Poliomyelitis
Meningitis C
Measles, Mumps & Rubella

Child's ethnic origin:

Child's/parents first language:

Child's siblings:

Thank you for completing this enrolment form it will help us build up a picture of your child and the best way we can help them.
It is your responsibility to inform us of any changes to the above information.

Signature_____

Print name_____

Date_____