



I WISH TO APPLY FOR A PLACE AT COCCINELLE FOR MY CHILD AND I AM IN AGREEMENT WITH THE CONTENTS OF THE REGULATION I HAVE READ FROM THE PARENT'S HANDBOOK. I WILL COMPLY WITH AND OTHER CONDITIONS AS THEY ARISE. PLEASE DELETE AS APPROPRIATE. I AGREE/DISAGREE TO GIVE CONSENT FOR MY CHILD TO HAVE ANY EMERGENCY TREATMENT AND PROVIDE A DAILY TELEPHONE NUMBER TO THE NURSERY ON WHICH THE KEY WORKER CAN INFORM ME IF MY CHILD/REN HAS RECEIVED EMERGENCY TREATMENT

SIGNED (CARERS/ GUARDIAN)

PLEASE PRINT NAME

DATE

Parents Complaints Form

PLEASE NOTE THAT A PLACE CANNOT BE RESERVED IF THE ADVANCE PAYMENT FOR THE FIRST WEEK IS NOT RECEIVED WITH YOUR ENROLMENT FORM. A NOTICE OF 6 WEEKS IS REQUIRED WHEN YOU CHILD IS GOING TO LEAVE THE NURSERY. EXCESSIVE ABUSE OF LATENESS WILL BE CHARGED BY THE HOUR. BEFORE YOU SIGN THIS ENROLMENT FORM, PLEASE READ THE PARENT'S HANDBOOK CAREFULLY.

FULL NAME OF CHILD

DATE OF BIRTH

COUNTRY OF ORIGIN

ETHNIC BACKGROUND

RELIGION

ADDRESS

TELEPHONE

CARERS/GUARDIAN'S NAME

CARERS/GUARDIAN'S EMPLOYER

EMPLOYER'S ADDRESS

TELEPHONE

CARERS/GUARDIAN'S NAME

CARERS/GUARDIAN'S EMPLOYER

EMPLOYER'S ADDRESS

TELEPHONE

FAMILY DOCTOR

ADDRESS

TELEPHONE

DETAILS OF YOUR CHILD'S IMMUNISATION PROGRAMME

PLEASE GIVE DETAILS OF ANY ALLERGIES

MEALS AT THE NURSERY

A VARIED DIET IS PROVIDED TO ENCOURAGE CHILDREN TO EAT A DIFFERENT FOOD. YOU WILL FIND A MENU DISPLAYED ON THE NOTICE BOARD. CHILDREN ARE PROVIDED WITH MID-MORNING AND AFTERNOON SNACK. THIS IS MADE UP OF BISCUITS, JUICE AND FRESH FRUIT WITH SANDWICHES.

PLEASE INDICATE WHY YOUR CHILD SHOULD OR SHOULD NOT BE SERVED SPECIFIC FOODS OR DRINK, EITHER FOR MEDICAL OR RELIGIOUS REASONS

YOUR CHILD'S HEALTH AND BEHAVIOUR. DO YOU WISH US TO KNOW ANYTHING SPECIAL ABOUT YOUR CHILD?, PLEASE LIST DETAILS.

IN CASE OF AN EMERGENCY, PLEASE PROVIDE A TELEPHONE NUMBER TO CONTACT A NEXT OF KIN