

SPRINGFIELD DAY NURSERY

61 SPRINGFIELD ROAD
BURY ST. EDMUNDS
SUFFOLK
IP33 3AS
TEL: (01284) 753902
EMAIL: info@springfield-nursery.org.uk
WEBSITE: springfield-nursery.org.uk



• Learning by Doing •

ENROLMENT FORM

Please complete and return this form **before** your child begins at Springfield Day Nursery. If you have any difficulty in filling out any part of this form a member of staff will be more than happy to assist you.

Family Name

Child's Name(s)

Child's preferred name (if different)

Gender Date of Birth Due Date

Proof needed of child's name and DOB to be seen and photocopied by nursery.

Home Address

Postcode Telephone number

Mobile Number Email

Please inform us if you change your number

Parent/Carers' name

Parent/Carers' work contact details (where applicable)

1

Telephone Number

2

Telephone Number

Child's first language

Other languages(s) spoken at home

Religion Ethnicity

Name of Child's Doctor

Doctor's address

Telephone Number

Our setting is committed to safeguarding and promoting the welfare of children, young people and adults at all times and expects everybody working within the setting to share this commitment.

Please indicate below to show your child's immunisations;

Routine childhood immunisations

When	Diseases protected against	Vaccine given	Indicate Yes/No	
			Yes	No
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Yes	No
	Meningococcal group B (MenB)	MenB	Yes	No
	Rotavirus gastroenteritis	Rotavirus	Yes	No
	Pneumococcal (13 serotypes)	PCV	Yes	No
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Yes	No
	Rotavirus	Rotavirus	Yes	No
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Yes	No
	MenB	MenB	Yes	No
	Pneumococcal (13 serotypes)	PCV	Yes	No
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Yes	No
	Pneumococcal	PCV booster	Yes	No
	Measles, mumps and rubella (German measles)	MMR	Yes	No
	MenB	MenB booster	Yes	No
Eligible paediatric age group	Influenza (each year from September)	Live attenuated influenza vaccine LAIV	Yes	No
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	DTaP/IPV	Yes	No
	Measles, mumps and rubella	MMR (check first dose given)	Yes	No

Is your child allergic to anything you know of? (If yes, please give details)

Has your child had any major illness/operation? (If yes, please give details)

Has your child been in hospital recently? (If yes, please give details)

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Does your child have any on-going health issues? (If yes, please give details)

Has your child received support from any agencies such as Social Worker or Speech Therapist?

Does your child have any individual requirements, requests or needs you would like us to observe in nursery? (For example, religious observance, food or clothing etc).

Is there any additional information that you feel we need to know in order to help us meet your child's individual needs?

Name(s) and relationship (to child) of any person you have authorised to collect your child from nursery on a regular basis.

Has your child previously attended:

A parent and toddler pre-school?

A pre-school?

Another nursery?

When is your child expected to start school and which school? (If known)

We also seek your permission for images of

to be used in publicity, literature, display and any relevant purposes.

Please indicate **Yes** **No**

Name (parent/guardian)

Date (signature)

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EMERGENCY CONTACT DETAILS

It is really important for Springfield Day Nursery to be able to contact you (or another named individual) in the event of an emergency whilst your child is attending a nursery session. We therefore ask that details of all numbers you can be contacted on (during your child's nursery sessions) are recorded below. We also require that, where possible, an additional name and telephone number is included in case you are not contactable, for example, a relative, friend or neighbour.

Your emergency contact details:

Home

Mobile

Work (where applicable)

Other

ADDITIONAL CONTACT NAMES(S) AND TELEPHONE NUMBER(S)

1.

Name

Relationship to child

Contact number

2.

Name

Relationship to child

Contact number

3.

Name

Relationship to child

Contact number

PLEASE LET SPRINGFIELD DAY NURSERY KNOW IF ANY OF THIS INFORMATION CHANGES WHILST YOUR CHILD IS AT NURSERY.

You may in the future require a 'safe' word, if someone new to the setting will be collecting your child. Please confirm a word that you would like to use. We recommend something memorable such as a pet's name.

The safe word I have selected is Signed

Are there any people that you do not wish your child to be collected by?

Please note, you may be asked to provide photographs of these people for the nursery to keep.

Permission to seek emergency medical treatment Yes No Signed

If NO please give details of arrangements you wish to make:

Fees to be paid in advance, either weekly or monthly. Four weeks paid notice required or four weeks fees paid in lieu of notice. Fees, including any lunches, are still due during any periods of absence, i.e. holidays and sickness.

I accept the Terms and Conditions of Springfield Day Nursery which I have retained:

Signature of parent/carer

Name (please print) Date

Please inform the Nursery in writing should you wish this to change.

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TERMS AND CONDITIONS OF SPRINGFIELD DAY NURSERY

Fees are to be paid in advance, either weekly or monthly by cash or online – Barclays, Sort Code: 20-16-12, Account number: 50843253, stating the child's name and week/month it covers. Should the fees not be completely cleared by the end of the week or month at the latest, your child will be liable to lose their nursery place.

Fees, including any lunches, are still due during any periods of absence, i.e. holidays and sickness.

Four weeks paid notice required or four weeks paid in lieu of notice.

You will be required to complete the enrolment forms to give the Nursery necessary information for the well-being of your child.

The Nursery opens at 7.45am and closes at 5.45pm promptly.

Due to the Nursery being very well equipped, unless we ask your child to bring in specific items, we accept no responsibility whatsoever for toys or 'un-necessaries' brought from home. We also do not accept responsibility for any items left outside the Nursery.

Be fully aware the nursery is not responsible for the safety of the child before entering or when leaving the nursery building. This is your responsibility.

Copies of all policies are available on request.

If your child is uncollected by 18:15 with no parental or authorised persons being able to be contacted we will follow our Uncollected Child policy and phone Customer First.

Please be fully aware should you reduce your child's attendance, for example during college holidays, we can only guarantee the times retained and paid for during the break.

Contact details

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EMAIL: info@springfield-nursery.org.uk
WEBSITE: springfield-nursery.org.uk

OWNERS: Sally Walker
Sarah Orford

MANAGER: Sarah Orford

DEPUTY
MANAGER: Liz Cutter

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