

ENROLMENT FORM

Child's Full Name	
Child's date of birth	
Address	
Postcode	
Home phone number	
Boy/Girl	
Religion	
Ethnic Origin	
Main Language	
Nationality	
Person/s with Legal Responsibility	
Siblings	
Primary carer/ parent Name	
Address	
Mobile Number	
Work Number	

JUNIOR AND TINY TOTS

Other carer/parent Name			
Address			
Mobile Number			
Work Number			
Dietary Requirements			
Allergies			
Medical conditions			
Medication			
Other information			
G.P Name			
G.P Address			
Immunisations	Given	Not Given	Dates
DTap (diphtheria, Tetanus, Whooping cough)/IPV (Polio)/ Hib (flu) PCV (pneumonia) Rota (Rotavirus) 8wks			

JUNIOR AND TINY TOTS

DTap (diphtheria, Tetanus, Whooping cough)/IPV (Polio)/ Hib (flu) MenC Rota (Rotavirus) 12wks			
DTap (diphtheria, Tetanus, Whooping cough)/IPV (Polio)/ Hib (flu) PCV (pneumonia) 16wks			
Hib (flu) / MenC/ MMR (Measles, Mumps/Rubella) PCV (pneumonia) Rota (Rotavirus) 12/13mths			
DTap (diphtheria, Tetanus, Whooping cough)/IPV (Polio) or dTaP/IPV (low dose diphtheria) MMR 3yrs 4mths			
Any Other immunisations			
Any other information			
Emergency Contact Name			
Address			
Postcode			
Mobile Number			
Relationship to Child			
Emergency Contact Name			
Address			

JUNIOR AND TINY TOTS

Postcode	
Mobile Number	
Relationship to Child	

Booking Details				
Days Required (please circle)	Mon	Tues	Wed	Thurs
	Fri			
School / Expected school				
Estimated Start Date				
Actual Start Date				
Estimated finish Date				
Actual Finish Date				
Office use only				
In Nappies	YES / NO			
SEN	YES / NO			
Funded	YES / NO			
EAL	YES / NO			
Pupil Premium	YES / NO			
Room	Baby / Main			
Access to BD site	YES / NO			
Alerts to Parents	YES / NO			
Log in details	YES / NO			