

## Sandcastles Nursery Enrolment

Child's Full Name \_\_\_\_\_ Known as \_\_\_\_\_

Date of Birth / Due Date \_\_\_\_\_ Sex M / F

Lives with \_\_\_\_\_

Nationality \_\_\_\_\_ Religion \_\_\_\_\_

Home Language \_\_\_\_\_ Additional Languages \_\_\_\_\_

Is your child adopted / fostered? Yes / No

If yes, when was the adoption / fostering completion date \_\_\_\_\_

(Please provide documentation, birth certificate)

Previously known as, if any name changes \_\_\_\_\_ (please provide documentation)

Parent Full Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Mobile No \_\_\_\_\_ Home No \_\_\_\_\_

Email \_\_\_\_\_ Work No \_\_\_\_\_

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_

Parental Responsibility (Yes / No) Responsible for payment of fees (Yes / No)

Parent Full Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Mobile No \_\_\_\_\_ Home No \_\_\_\_\_

Email \_\_\_\_\_ Work No \_\_\_\_\_

Occupation \_\_\_\_\_ Company Name \_\_\_\_\_

Parental Responsibility (Yes / No) Responsible for payment of fees (Yes / No)

**Further Information About your Child**

Doctor's Name and Address \_\_\_\_\_

\_\_\_\_\_

Tel No \_\_\_\_\_

Health Visitor Name \_\_\_\_\_

Address and telephone number, if different from Doctors details above:

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Unless otherwise discussed and agreed, this place is being offered on the staffing ratios of: 1:3 for under 2's, 1:5 for 2 –3 yrs and 1:8 for 3+. Some additional needs require a higher staff to child ratio. We would welcome discussing this with you if you consider it might be necessary.

Has your child or does your child currently attend another setting/child minder? Yes / No

If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

Please provide details of any health / dietary requirements / disabilities / additional needs.

\_\_\_\_\_

\_\_\_\_\_

Are there any agencies currently supporting you / your child? Yes / No

If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

Is your child registered with a dentist? Y / N If yes, date of last visit. \_\_\_\_\_

Dentist's name and address \_\_\_\_\_

\_\_\_\_\_ Tel No \_\_\_\_\_

Please provide details of immunisations received and the dates these were administered

\_\_\_\_\_

\_\_\_\_\_

Please supply a password to be used when collecting \_\_\_\_\_

Emergency Contact Details other than Parents

Name	Relationship to child	Contact number	Authorised to collect
			Y / N
			Y / N
			Y / N

Are you currently in receipt of childcare funding? (Yes / No)

If no, do you plan to apply for funding through Sandcastles? (Yes / No) If yes, please give details \_\_\_\_\_

Monthly invoices are emailed. Please provide the address you would like them emailed to \_\_\_\_\_

I/we have been informed that the £25 enrolment fee must be submitted with this form and understand that this is an admin fee that is non-refundable even if I/we decline the place offered.

I/we have been informed that the £500 deposit required for children under three and the £400 deposit for children 3+, must be submitted with this form and becomes non refundable if we decline the place offered, reduce the days/sessions attending prior to starting or delay the start date.

I/we have been informed that the £55 non-refundable membership fee is payable with this form.

Fully funded places that do not generate an invoice are exempt from the above charges.

I/we understand that when we no longer require a place at Sandcastles this information will be destroyed to maintain confidentiality

How did you hear about our nursery? \_\_\_\_\_

Do you have any personal connection with a member of Sandcastle's staff Y/N

If yes, please give details \_\_\_\_\_

Have you or any family member previously attended Sandcastles Nursery Y / N

If yes, please give details \_\_\_\_\_

By signing this enrolment form you give consent for medication to be administered if deemed necessary and for emergency medical advice or treatment to be sought

Parent signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## The Payment of Fees (by a third party)

We require at least two people to be responsible for the payment of Fees.

Please provide full details of anyone other than those already given who will be responsible for the payment of Fees (not applicable if both the mother and father details have been completed)

Full Name \_\_\_\_\_ Title \_\_\_\_\_

Home address \_\_\_\_\_

Postcode \_\_\_\_\_

Home Tel \_\_\_\_\_ Mobile No \_\_\_\_\_

Email \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Work (Company Name)

Address \_\_\_\_\_

Work Tel \_\_\_\_\_

Work Email \_\_\_\_\_

Signature \_\_\_\_\_ Print name \_\_\_\_\_

Date \_\_\_\_\_

Monthly invoices are emailed. Please provide the address you would like them emailed to

Please refer to our Terms and Conditions where the procedure for the payment of the Fees is detailed in full. Your signature (as a third party) is required on the Terms and Conditions

Please tell us the days and sessions you would like your child to attend (a minimum of 3 sessions is required). Days of week, include whether school day or full day:

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52 weeks / yr or term time only: \_\_\_\_\_

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Date you require the place from \_\_\_\_\_

Are you flexible with the sessions required and/or the start date? Yes / No

**Childcare Funding** (please circle as appropriate)

30 hrs 3 - 4 yrs      15 hrs 3-4 yrs      15hrs 2-3 yrs      15hrs 9 months+

Eligibility Code: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

Please return this form with the enrolment fee, membership fee and deposit along with an original driving licence or passport for one parent/carer and a recent (within the last 3 months) utility bill in your name.

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**For Office Use Only**

Child's Name

Entry Room

Start Date:

Deposit/enrolment fee/membership  
payment date:

Driving licence / passport witnessed

Utility Bill (less than 3 months old)

Confirmed start date and sessions

Induction date:

Lunch visit/management meeting date: