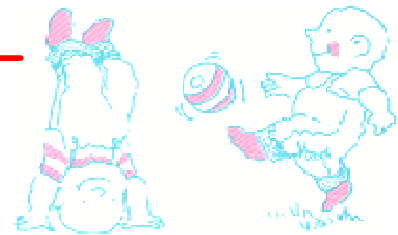


# Broomhill Nursery

36 Fonthill Road  
Aberdeen  
AB11 6UJ  
Tel. 01224 588898

264 Broomhill Road  
Aberdeen  
AB10 7LP  
Tel: 01224 208063

397 North Deeside Road  
Cults, Aberdeen  
AB15 9SX  
Tel: 01224 588898



## ENROLMENT FORM

Please read the enclosed regulations before completing this form. If there are any changes to the information you provide, please inform the nursery immediately.

Please use BLOCK CAPITALS

1. Full name of child \_\_\_\_\_  
Male \*/ Female\* (\*Delete as appropriate) Ethnic Origin \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone \_\_\_\_\_ Mobile(s) \_\_\_\_\_ Postcode \_\_\_\_\_  
E-mail addresses \_\_\_\_\_

2. Please indicate specific days required, including times of arrival and departure \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Parents' names & daytime contact addresses and phone numbers  
1: \_\_\_\_\_ 2: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Childs' Doctor \_\_\_\_\_ Health Visitor \_\_\_\_\_  
Phone \_\_\_\_\_ Phone \_\_\_\_\_

5. Details of any allergies or intolerances \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please indicate any special dietary requirements your child has on medical or religious grounds. A menu is displayed each week on the nursery noticeboard. The food is varied and wholesome.  
\_\_\_\_\_  
\_\_\_\_\_

7. Medication  
Do you have any preferred medicine if your child displays symptoms of fever, pain (e.g. teething)?  
Calpol \_\_\_\_\_ Disprol \_\_\_\_\_ Junior Paracetamol \_\_\_\_\_ Nurofen \_\_\_\_\_  
Other \_\_\_\_\_  
Is there anything else you think we should know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please indicate any additional information that would assist us in supporting your child/family \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who can collect me?

To ensure safe collection of your child please list below the names of persons permitted to collect your child at anytime.

<u>Name of Person</u>	<u>Relationship to Child</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Should anyone other than those listed above be collecting your child please inform Nursery Staff who will ask you to complete a separate sheet.

During your child's time at nursery we require your authorisation for a variety of reasons. These mainly being:

- Impromptu Outings
- Use of photography for assessment
- Inclusion of children in photos and video recordings taken by other parents (i.e. at Christmas Show, Sports Day etc.)
- Application of sun creams, nappy rash creams, stinging relief cream and prescribed creams (which must be in original container and be accompanied by a letter requesting that we apply it)
- Inclusion of children in photos displayed on password protected website
- Inclusion of children in photos displayed on open access website

Please tick above to which you agree upon then sign below.

I wish to apply for admission of the above named child to your nursery at Broomhill Road\*/ Fonthill Road\*/Cults\* (\*Delete as Appropriate) I have read the regulations and I agree to comply by them.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Legal Guardian)

I acknowledge being made aware that my child may only have a place until the July prior to starting school, dependant on child placements.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Legal Guardian)

Date I wish my child to start nursery \_\_\_\_\_