Date received

**Otford Nursery**



**Oasis After School Club**

**Otford Nursery School and Oasis After School Club, Co Otford School, High street, Otford, Kent, TN14 5PG.**

**01959522364**

[**nursery@otford.net**](mailto:nursery@otford.net)[**oasisafterschool@googlemail.com**](mailto:oasisafterschool@googlemail.com)

**Facebook: Otford Nursery School**

**Oasis Afterschool Club**

Company Registration number: 04703092

**Enrolment Form**

Please supply all information requested and return form to Otford Nursery School. Please use BLOCK CAPITALS.

Child’s Full Name: ………………………………………………………………….…………………….………….……

Date of Birth: ……………..…………………..……. Home Telephone Number: ……………….………………..

Mother’s Name & Address: Father’s Name & Address: …………………………………….…………………. ………………………………….………….……………….

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………………………….…………………………… ………………………………….……………….…………..

DOB………..……… NI Number…………………… DOB……………………NI Number………………….……

**Please enclose a copy of your child’s birth certificate.**

Birth Certificate Number…………………………. Place of registration……………………………………………

30 hour code…………………..Please note 30 hour spaces are limited and only available upon agreement with the management team.

Which parent/carer does your child normally live with? ………………………………………………………………

Who has legal contact? ………………………………………………………………………………………….................

E-mail Address: ……………………………………………………………………………………………………………

Emergency contact telephone numbers

Mother Mobile: ……………………………………..… Mother Work: ……………………………………………….…

Father Mob: …………………....……………………... Father Work: ……………………………………..……………

Other………………………………………………………………………………………………….…………………………..

Please reserve a place for my child at Otford Nursery School commencing: **…..….……………………**

Please note our start dates run from September, January or April each year.

Please indicate which sessions you would prefer:

**MONDAY AM / PM TUESDAY AM / PM WEDNESDAY AM / PM THURSDAY AM / PM FRIDAY AM / PM**

**LUNCH LUNCH LUNCH LUNCH LUNCH**

Details of any allergies suffered by your child and/or health requirements: ……………...………………….………….

…………………………………………….………………….……………………………………………………………

Are all your child’s immunizations up to date? (please specify) ………………….……………………..……………….

…………………………………………….………………….……………………………………………………….……

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Name and address of child`s doctor: ……………………………….…………..………………………………………...

…………………………………………………… Tel: ….………….………………………..……………….

How would you describe your child’s ethnicity or cultural background? ……………….………………………….…...

……………………………………………………………………………………………………………………………..

What is the main religion in your family? ………………………………………………………………………………...

Are there any festivals/special occasions celebrated in your culture that your child will be taking part in? Would you like to see these festivals/special occasions acknowledged and celebrated whilst he/she is at Otford Nursery School?.........................................................................................................................................................................................................

What language(s) is/are spoken at home? …………………………………………………………………………………

If English is not the main language spoken at home, will this be your child’s first experience of being in an English-speaking environment. Yes/No (please delete). If so, please discuss/agree how the pre-school will support your child when settling into Otford Nursery School.

……………………………………………………………………………………………………………………………………………

Does your child have any special needs or disability? Yes/No (please delete)

Please give details: ………………………………………………………………………………………………………...

What special support will he/she require in our nursery? …………………………………………………........................

…………………………………………………………………………………..……………………………………….…

Please notify us immediately of any changes relating to the information given on this enrolment form. Please add any additional information you feel would be relevant: …………………………...…………..………………………………

……………………………………………………………………………………………………………………….…….

..……………………………………………………………………….………………….…………………………..……

Children occasionally have minor accidents. Please state if your child has an allergic reaction to plasters.

……………………………………………………………………………………………………………………….…….

Does your child attend another childcare provider?

……………………………………………………………………………………………………………………………..

**Thank you.**

**START-DATE: ………….…….…………………. LEAVE DATE: …………..…..………………….**

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