HUMPTY DUMPTY PLAYGROUP



(Early Years Pre-school) Kesgrave Community Centre, Twelve Ace Approach Bell Lane, Kesgrave, IP5 1JF

Tel: 07837 154081 (during playgroup hours only)
E: humptydumptykesgrave@gmail.com
W: humptydumptykesgrave.co.uk

	ENROLMENT FORM				
Name of child	Date of birth / / 20				
Address					
	Postcode				
Ethnicity Do	etails				
Home Country	Religion				
Home Languag	ge First Language				
Emergency	Emergency Contact 1				
Name	Relationship to child				
Address					
Mobile:	Postcode Email (please print)				
Emergency Contact 2					
Name	Relationship to child				
Address					
Mobile:	Postcode Email (please print)				

Name/s of any other person/s who has your permission to collect your child:
Persons other than parent(s) authorised to collect the child Must be over 16 years of age. Please note that if the authorised person is not the person indicated in the daily diary, staff will check before releasing the child.
Parent's full names
Who has parental responsibility?
Any person who does NOT have legal access to child
Doctors Name
Address
Tel.no
Emergency Treatment: All staff at Humpty Dumpty Playgroup are trained in Paediatric First Aid.
In the event of illness or accident to my child, I give permission for any medical treatment to be given by the setting staff. In an emergency, if I cannot be contacted, I am willing for my child to receive any hospital treatment which becomes necessary. I understand that every effort will be made to contact me as soon as possible.
Signature Date
Print Name
Does your child suffer from any illness, medication requirements (eg epi-pen), special educational needs or disability, which may affect him/her at playgroup?
Yes No No
If yes, please complete an additional Health Care Plan.
PLEASE LIST ANY KNOWN ALLERGIES TO FOOD, DRINK, ANIMALS, OR ANY SPECIAL DIETRY REQUIREMENTS; eg. Vegetarian or religion
Has your child had Chickenpox? Yes No
Are there any other multi-agency professionals working with your child and family? Name of lead professional/social worker?

Previous educational experiences for child	
Name and date of birth of other children in family	
HEALTH AND SAFETY	
	ot, children must be wearing Factor 50 sunscreen, and a hat. ort your child putting on sunscreen with your permission.
Signature	
Print Name	Date
	ettings, and when your child moves on to reception, we would nts with the other setting. For us to do this, we need your e sign and print.
Name of any other playgroup/nursery child attends:	
Signature	
Print name	Date:
	Date:
	Date:
Print name	
Print name Policies and Procedures	e and Prospectus.
Print name Policies and Procedures I have been provided with a Handbook, Privacy Notice The policies and procedures are all available on reque	e and Prospectus.
Print name Policies and Procedures I have been provided with a Handbook, Privacy Notice The policies and procedures are all available on reque I understand that there may be circumstances where without my consent. HM Government Information Sharing: Guidance for Proplaygroup, that through our 'Information Sharing Policies and they understand the circumstances in which is only be when it is a matter of safeguarding a child or	e and Prospectus. est. information is shared with other professionals or agencies
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Outings				
On occasions we may take the children for walks in the local area, we need your permission to take children out of the setting. Please sign to give your permission below. Advance notification will be given.				
Signature:				
Print Name:		Date:		
Photograph P				
In addition to your child.	holding yours/your child's details, we must also ask	for your consent when taking photographs of		
	Your child's Learning Journey/Tapestry (only you/yo	our child's key-person		
	and manager can see these photographs. Learning will be sent via secure email on child's transition to	Journey on Tapestry		
	Humpty Dumpty Facebook (no child's names visible, will be on Facebook for up to 1 year)			
	Humpty Dumpty website (no child's names visible, photo will be on website for up to 1 year)			
	Profile pictures of your child on the wall in the setting (no name visible, will be on wall up to 1 year)			
	Promotional: Local magazine/newspaper (no child's	s name visible)		
Please sign be taken for thes	elow, to give permission/not give permission to boxes se purposes	marked of photographs of your child being		
Signature:				
Print Name:		Date:		
	BELOW TO INDICATE THAT THE INFORMATION GIVEN BU WILL NOTIFY US OF ANY CHANGES AS THEY ARISE.			
Print Name:				
Time Name.				
Signature:		Date:		

Our fees are £16.00 per 3-hour session		Morning	Lunch	Afternoon	
£2.75 for lunch sitting.	Monday				
	Tuesday				
Morning session's 9:00am to 12:00noon					
Afternoon sessions 12:30pm to 3:30pm	Wednesday				
Lunch is available 12:00noon to 12:30pm	Thursday				
Would you prefer:	Friday				
Parents claiming funding have the flexible option of either paying £2 child at 3pm instead of 3:30pm.	.50 for lunch o	n a full da	ay or co	ollecting t	:heir
If a parent is only able to access 15 hours of funding for their child, but require their child to attend more sessions, this is possible, however all additional sessions will be charged for via invoice.					
Parents/carer's are notified of the required fees at the beginning of	each term by n	neans of a	an invo	ice.	
Fees MUST be paid 14 days from the date of invoice					
Fees are payable by means of cash or BACS.					
Additional Information					
At the beginning of each term, you will receive our newsletter informing you of setting information and topics we will be implementing to support your child's learning through the Early Years Foundation Stage. Please let us know how you would like to receive the newsletter					
Email:	Paper cop	y:			
Email address:					

Fees

As a parent I will Not publish any of my child's observations or photographs on any social media site. Keep the login details within my trusted family. Accept that my child's photograph may appear on their friends learning journal account and I may see pictures of my child's friends on my child's personal account. Speak to a member of staff if I experience any difficulties accessing my child's learning journey. I agree to the above guidelines and have read accompanying information sheets. Name of child Name Parent/Carer (Please Print) Signature Date Email: (Please Print) By signing and returning this form and providing us with an email address, you agree to Humpty Dumpty Playgroup creating a tapestry online learning journey for your child.	Agreed guidelines for a	accessing and using Tapestry 'Online Learning Jour	neys'
Keep the login details within my trusted family. Accept that my child's photograph may appear on their friends learning journal account and I may see pictures of my child's friends on my child's personal account. Speak to a member of staff if I experience any difficulties accessing my child's learning journey. I agree to the above guidelines and have read accompanying information sheets. Name of child Name Parent/Carer (Please Print) Signature Date Email: (Please Print) By signing and returning this form and providing us with an email address,	As a parent I will		
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Name Parent/Carer (Please Print) Signature Email: (Please Print) By signing and returning this form and providing us with an email address,	I agree to the above guid	lelines and have read accompanying information sheets.	
(Please Print) Signature Date Email: (Please Print) By signing and returning this form and providing us with an email address,	Name of child		
Email: (Please Print) By signing and returning this form and providing us with an email address,	·		
By signing and returning this form and providing us with an email address,	Signature		Date
	Email: (Please Print)		
you ablee to mamply bumply maybroup creating a tapestry offine realiting journey for your clinia.			