



Preschool Enrolment form	
Surname:	Forename:
Date of Birth:	Other names:
Gender: Male / Female	
Address:	
	Postcode:
Telephone:	Mobile:
Please give details of all persons who have parental responsibility and anyone else you wish to be contacted in an emergency. Place them in the order you wish them to be contacted should the need arise.	
1, Name & Relationship to child:	
Address:	
Telephone:	Mobile:
2, Name & Relationship to child:	
Address:	
Telephone:	Mobile:
3, Name & relationship to child:	
Address:	
Telephone:	Mobile:
Doctors Name:	Doctors Telephone:
Medical information: Allergies:	
Any other information:	

Child's Ethnicity:

Child's Religion:

Child's First Language:

Does your child have any special needs / disabilities?  
Please explain below:

Any other relevant information. For example any professionals involved with your child. Please explain below:

Is there a TAF (Team around the family) in place concerning your child?

Please list any responsible person(s) (over the age of 16) authorised to collect your child from Preschool

I ..... Give my consent for Little Angels Staff to liaise with other professionals, (e.g. health visitors, speech therapists etc and share information about my child.....

**My child has / has not had their 2 year check \* Delete as appropriate**

Signed:.....

Date:.....

I have received a copy of Little Angels Parent Handbook and I am aware of where to access policies and procedures should I need to.

Signed:.....

Date:.....

**CHILD'S BIRTH CERTIFICATE SEEN AS PROOF OF IDENTITY AND DATE OF BIRTH**

Signed (parent / Carer).....Date.....

Signed (Manager).....Date.....

Signed.....Print Name.....

Date.....

Thank you for choosing Little Angels Childcare!



Dear Parent / Carer,

We are required to take photographs of the children for OFSTED records, staff training portfolios and Children's progress portfolios. Photographs may also be used on the Preschool website and local press. Please could you sign below indicating your preferences.

**CHILDS NAME:**.....

\*I do / do not consent to photograph being taken of my child. Please tick all boxes that apply:

- OFSTED requirements
- Children's progress portfolios
- Staff training portfolios
- Preschool Website
- Local press

Signed:.....

Date:.....



St Mary of the Angels Catholic Primary School,  
Rossall Grove, Little Sutton,  
Cheshire. CH66 1NN

TelephonNumber: Kaz on: 07835 638 250 (or) Cathy on: 07969 781 890  
Alternatively call the school on 0151 338 2430 and press option 3

**EMERGENCY CONSENT FORM**

In order for staff to ensure that your child receives the best and most appropriate care, attention and treatment should there be an emergency at Little Angels Childcare, or whilst on an outing, you need to complete, sign and date the declaration below.

**CHILD'S FULL NAME**.....

**DATE OF BIRTH**.....

**NAME OF PARENT / LEGAL  
GUARDIAN**.....

**DECLARATION**

I agree to the supervisor in charge at Little Angels Childcare taking the necessary steps to ensure that my child.....  
receives the best and most appropriate care, attention and treatment should there be an emergency or accident either at the setting, or whilst on an authorised outing. I understand that the supervisor in charge will make every effort to inform me of an emergency or accident as soon as possible. In the case of a serious emergency or accident I give permission for a senior member of staff to accompany my child to the nearest A&E department, and for hospital staff to administer essential treatment until my arrival.

**SIGNED**.....**PARENT/GUARDIAN. DATE**.....

**If you do not agree with any of the above declaration please do not sign it but make your views known in the space below. The registered persons will then discuss this with you and try to accommodate your particular wishes. Thank you.**

.....  
.....  
.....  
.....  
.....  
.....



**Animals and Risk Assessment:**

- Parents are advised of which Animals are present on the premises and Little Angels Management will inform them before taking on any new Animals.
- Children are always supervised when Handling and caring for the Animals.
- Children and Staff are to wash hands thoroughly after being in contact with any of the Pets.
- All of our animals are free of disease and have regular / appropriate health checks with a qualified Vet.
- Litter trays and feeding bottles are not generally accessible to children.
- When helping to clean out the animals Protective gloves and aprons are worn.

I Do / Do Not give permission for my  
Child.....

To handle the animals at Little Angels Childcare Setting.

Signed.....Date:.....  
.....

Any  
Comments.....  
.....  
.....  
.....  
.....



### SUNSCREEN CONSENT

I give permission for sunscreen to be applied to.....  
by staff at Little Angels Childcare.

Signed:.....

Relationship to child:.....

Date:.....

### FACE PAINTS

I do / do not give permission for my child to have their face painted with  
approved face paints.

Signed.....

Date.....



## Personal information

Name.....

Age.....

Height.....

Weight.....

Mum & Dad's names.....

Brother(s) & Sister(s) names and ages.....

Position in family.....

Other important people eg: Grandparents.....

Pets.....

Things I like.....

Things I dislike.....

Favourite / special things.....

Hobbies / activities.....

Do you attend any other playgroup / nursery /  
childminder?.....

Any other information.....

All the above information is strictly confidential as with the registration form