

**THE CENTRE PLAYGROUP**

**ENROLMENT FORM**

**ENROLMENT FORM**

The Centre Playgroup Early Learning and Child Care is a charitable, non-profit making organisation who works in partnership with Glasgow City Council.

The Centre Playgroup we are open Monday to Friday from 8.30am till 2.30pm (Term Time) and provides a service for children aged 3 to school age.

Email: [thecentreplaygroup@gmail.com](mailto:thecentreplaygroup@gmail.com) Phone:07490642001

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Details: | | | |
| Child’s Forename(s): | | Child’s Surname: | |
| Date of Birth: | | Gender: Male/Female | |
| Nationality: | Ethnic Group: | | Child’s First Language: |
| Child’s Birth Certificate Number:  (District No, Year, Entry No) | | Child’s Passport Number: | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent/Carer Information (First Contact) | | | | |
| Title: | | Forename(s): | | Surname: |
| Relationship to Child: | | | Date of Birth: | |
| Address:  Postcode: | | | | |
| Contact Number: | Email Address: | | | |
| Are you a UK National? YES/NO | | | | |
| Nationality: | | Ethnic Group: | | Parent/Carer First Language: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Parent/Carer Information (First Contact) | | | | | | |
| Title: | Forename(s): | | | | Surname: | |
| Relationship to Child: | | Date of Birth: | | | | |
| Address:  Postcode: | | | | | | |
| Contact Number: | | | Email Address: | | | |
| Are you a UK National? YES/NO | | | | | | |
| Nationality: | | | | Ethnic Group: | | Parent/Carer First Language: |

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Contact (Third Contact) | | | |
| Title: | Forename(s): | | Surname: |
| Relationship to Child: | | Contact Number: | |
| Address:  Postcode: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Emergency Contact (Fourth Contact) | | | |
| Title: | Forename(s): | | Surname: |
| Relationship to Child: | | Contact Number: | |
| Address:  Postcode: | | | |

|  |  |
| --- | --- |
| Health Information | |
| Does your child have any long term health, medical or additional support needs?  YES/NO | |
| If yes, please give details: | |
| Child’s Doctor | Child’s Health Visitor |
| Name of Doctor: | Name of Health Visitor: |
| Name of Surgery/Practice: | Name of Practice: |
| Address:  Postcode: | Address:  Postcode: |
| Contact Number: | Contact Number: |

|  |
| --- |
| Immuisation |
| Has your child been immunised against:  Measles, Mumps, Rubella (MMR) – Yes / No Whooping Cough – Yes / No  Polio – Yes / No Diphtheria, Tetanus, Pertussis (DTP) – Yes / No  Meningitis – Yes / No |

|  |
| --- |
| Additional Information |
| Special Dietary Requirements: |
| Allergies: |
| Additional Support Needs: |

|  |
| --- |
| How did you hear about us? |

Name of Parent/Carer:

Signature:

Date:

Thank you for completing this enrolment form.

Please return by email or hand in to the Nursery Manager.

Thank you!

|  |  |
| --- | --- |
| **OFFICAL USE ONLY** | |
| Cross Boundary Placement: YES/NO  Hosting Authority: Glasgow City Centre  Date of Approval: | Funded Place: YES |
| Nursery Start Date: | Eligibility Funding Start Date: |
| Total No of weeks attended per year:  38 weeks | No of Statutory Hours Awarded per year: 1140 hours |
| Total No of hours attended per week:  30 hours |  |
| Received by:  Signed:  Date: | |