

**THE CENTRE PLAYGROUP**

**ENROLMENT FORM**

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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 Phone:07490642001

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| 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: |

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| 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: |

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| 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: |

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

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

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| 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: |

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| 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 / NoMeningitis – Yes / No |

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

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| 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!

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| **OFFICAL USE ONLY** |
| Cross Boundary Placement: YES/NOHosting 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: |