

For office use only: Starters pack sent _____ enrolment fee received on _____
confirmation of place received on _____ Deposit received on _____

"ASHDON HOUSE OF CHILDREN" - ENROLMENT FORM

Name of Child _____

Date of Birth _____ Age of Child _____ Years _____ Months

Address _____

Postcode _____

Telephone Numbers: Home _____

Work: _____ (Mother) _____ (Father)

Mobile : _____ (Mother) _____ (Father)

E-mail: _____

Names of Parent/Carer _____

Emergency Contact: _____

(Please provide the name
address & tel no of a
relative/friend) _____ Postcode _____ Tel No: _____

Doctor Name _____ Tel No: _____

Please provide us with the names of those people authorized to collect your child:

SESSIONS REQUESTED

Full Day	8am to 6pm	M	T	W	TH	F	Please circle
Morning	8am to 1pm	M	T	W	TH	F	where
Afternoon	1pm to 6pm	M	T	W	TH	F	applicable

Preferred start date for admission to the Nursery : _____

Please send this Enrolment Form, together with a Registration Fee of £30 (cheques made payable to "Ashdon House Limited") to:

ASHDON HOUSE OF CHILDREN, HILL FARM, RADWINTER ROAD, ASHDON, ESSEX, CB10 2ET

I have read and accept your terms and conditions. (Please complete the details on the reverse of this form)

Signed: _____ Parent / Carer Date: _____

"ASHDON HOUSE OF CHILDREN" - ENROLMENT FORM (Continued)

I do/do not (please delete) give my consent for my child to go on nature walks, farm visits and outings.

I do/do not (please delete) give my consent for my child to have photographs taken for newspaper articles.

I do/do not (please delete) give my consent for my child to have emergency medical treatment.

Is your child allergic to _____
to any food or medication? _____

Has your child had any
Serious illness? _____

Is so, what?

IMMUNISATION SCHEDULE

Has your child had the following immunisations?

At 2 months	HIB	Yes / No
	Diphtheria/Whooping Cough/Tetanus (DTP)	Yes / No
	Polio	Yes / No
At 3 months	HIB	Yes / No
	Diphtheria/Whooping Cough/Tetanus (DTP)	Yes / No
	Polio	Yes / No
At 4 months	HIB	Yes / No
	Diphtheria/Whooping Cough/Tetanus (DTP)	Yes / No
	Polio	Yes / No

The above information will be treated in the strictest confidence.