



Pear Tree Nursery & Pre-School

Simons Road, Sherborne, Dorset, DT9 4DN 01935 814837

info@peartreenurserysherborne.co.uk www.peartreenurserysherborne.co.uk

CHILD ENROLMENT FORM

YOUR CHILD:

FULL NAME, OR SURNAME OF NOT YET BORN: _____ M / F

DATE OF BIRTH/DUE DATE _____ PLACE OF BIRTH: _____

LANGUAGE: _____ NATIONALITY: _____ RELIGION: _____ ETHNICITY: _____

LANGUAGES SPOKEN AT HOME: _____

DOES YOUR CHILD FALL IN TO ANY OF THE FOLLOWING CATEGORIES (*please circle as applicable*):

ADOPTION ADOPTION PENDING FOSTERCARE SOCIAL CARE SPECIAL GUARDIANSHIP

HEALTH DETAILS ABOUT YOUR CHILD:

ALLERGIES: _____ DIETARY CONSIDERATIONS: _____

MEDICAL CONDITIONS: _____ NHS NUMBER: _____ TOLERATES PENICILLIN: Y / N / UNKNOWN

VACCINATIONS (CIRCLE THOSE RECEIVED): 8 WEEKS 12 WEEKS 16 WEEKS 1-YEAR-OLD 3-YEAR-OLD

DOCTORS NAME & SURGERY: _____ DOCTOR TELEPHONE: _____

DENTIST NAME & SURGERY: _____ HEALTH VISITOR NAME & TELEPHONE NUMBER: _____

DETAILS ABOUT PARENT/CARER 1: CHILD LIVES WITH PARENT/CARER 1: Y / N PARENTAL RESPONSIBILITY: Y / N

PARENT / CARER NAME: _____ RELATIONSHIP TO CHILD: _____

DATE OF BIRTH: _____ NATIONAL INSURANCE NUMBER: _____

ADDRESS: _____

EMAIL: _____

HOME TELEPHONE: _____ MOBILE: _____

EMPLOYER & JOB TITLE: _____ WORK CONTACT NUMBER: _____

I understand the details provided on this form will be stored by Lower Covey Ltd (signed by Parent/Carer 1): _____

DETAILS ABOUT PARENT/CARER 2: CHILD LIVES WITH PARENT/CARER 1: Y / N PARENTAL RESPONSIBILITY: Y / N

PARENT / CARER NAME: _____ RELATIONSHIP TO CHILD: _____

DATE OF BIRTH: _____ NATIONAL INSURANCE NUMBER: _____

ADDRESS: _____

EMAIL: _____

HOME TELEPHONE: _____ MOBILE: _____

EMPLOYER & JOB TITLE: _____ WORK CONTACT NUMBER: _____

I understand the details provided on this form will be stored by Lower Covey Ltd (signed by Parent/Carer 2): _____



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ADDITIONAL PEOPLE WHO MAY COLLECT MY CHILD:

1) NAME, RELATIONSHIP & TELEPHONE NUMBER: _____

2) NAME, RELATIONSHIP & TELEPHONE NUMBER: _____

PASSWORD TO BE USED WHEN COLLECTING MY CHILD: _____

BILLING DETAILS (THE PERSON/S RESPONSIBLE FOR THE PAYMENT OF INVOICES):

NAME OF PERSON(S): _____

BILLING ADDRESS: _____

BILLING EMAIL: _____

TELEPHONE: _____

MOBILE: _____

SESSION BOOKING REQUIREMENTS:

I / WE WOULD LIKE TO BOOK SESSIONS FOR OUR CHILD TO COMMENCE ON _____

Please enter the session start and finish times as required into the spaces available below, for our nursery session times we advise you to refer to our 'Session and Fees List' or speak to a member of the administration team who will be happy to help:

	START	FINISH	LUNCH REQUIRED (OFFICE USE ONLY) SPACE OFFERED FROM:
MONDAY	_____	_____	Cooked / Packed _____
TUESDAY	_____	_____	Cooked / Packed _____
WEDNESDAY	_____	_____	Cooked / Packed _____
THURSDAY	_____	_____	Cooked / Packed _____
FRIDAY	_____	_____	Cooked / Packed _____

ADDITIONAL DOCUMENTS THAT ARE REQUIRED TO COMPLETE YOUR CHILD'S ENROLMENT:

Please ensure you have read, signed and attached the following documents to this form before taking it to the nursery office for processing with the required Enrolment Fee and/or deposit: (YOUR CHILDS BIRTH CERTIFICATE is required for DOB confirmation)

- General Nursery Terms & Conditions, February 2020
- Nursery Finance Terms & Conditions, February 2020 (AYR or TTO depending on your preference)

OFFICE USE ONLY:

Birth Certificate seen: ___Y ___N Date: _____

Signed: _____

Enrolment Fee: £30 _____ Date: _____

Deposit Amount: _____ Date: _____

Added on Family: _____

Letter sent: _____