

# Sparkling Stars Enrolment Form

T: 07468 855917 E: [info@sparklingstarspre-school.co.uk](mailto:info@sparklingstarspre-school.co.uk)  
 W: [www.sparklingstarspre-school.co.uk](http://www.sparklingstarspre-school.co.uk)



Child's Name.....

Child's DoB .....

Parent's/ Guardian's Name.....

Who has legal parental responsibility for the child? .....

Address.....

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Telephone No ..... Mobile .....

Parents' email address:.....

Parent's Place of Employment .....

Work Telephone No .....

Doctor's Name ..... Health Visitor .....

Doctor's Address.....

Doctor's Telephone No.....

Details of any medical conditions, allergies, dietary requirements your child may have

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Name of person(s) collecting your child .....

Emergency contacts a) ..... Tel.....

b)..... Tel.....

Sessions Requested (Please tick your preferred sessions in line with our fees sheet)

Please mark the desired sessions - please refer to fees sheet for further guidance			
<input type="checkbox"/>	Mon a.m. 8.30 - 11.30 (11.25 feedback to parents)	<input type="checkbox"/>	Mon p.m. 11.30 - 2.30 (2.25 feedback to parents)
<input type="checkbox"/>	Tues a.m. 8.30 - 11.30 (11.25 feedback to parents)	<input type="checkbox"/>	Tues p.m. 11.30 - 2.30 (2.25 feedback to parents)
<input type="checkbox"/>	Weds a.m. 8.30 - 11.30 (11.25 feedback to parents)	<input type="checkbox"/>	Weds p.m. 11.30 - 2.30 (2.25 feedback to parents)
<input type="checkbox"/>	Thurs a.m. 8.30 - 11.30 (11.25 feedback to parents)	<input type="checkbox"/>	Thurs p.m. 11.30 - 2.30 (2.25 feedback to parents)
<input type="checkbox"/>	Fri a.m. 8.30 - 11.30 (11.25 feedback to parents)	<input type="checkbox"/>	Fri p.m. 11.30 - 2.30 (2.25 feedback to parents)

Please tell us anything else you would like us to know about your child .....

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We look forward to welcoming you all to Sparkling Stars

**A non-refundable deposit of £20 is required when this form is returned to reserve a place for your child at Sparkling Stars (unless accessing funded hours only and starting immediately). This will cover your child's learning journal, Admin & Insurance whilst your child is at Sparkling Stars.**

**MEDICAL EMERGENCIES: If parents are not available in the event of a medical emergency or accident, signing below gives permission for Sparkling Stars Pre-School to contact a doctor or carry out emergency first aid as appropriate.**

**I have read and understood all above details, and those of the policies of Sparkling Stars Pre-School and accept their terms and conditions.**

Signed ..... Date .....