



# Acton Playgroup

C/O Acton Primary School

Lambert Drive, Acton

Sudbury, Suffolk

CO10 0US

☎ 01787 464270

☎ 01787 464888 (Chairperson)

Registered Charity # 1027943

Email: [actonplaygroup@hotmail.co.uk](mailto:actonplaygroup@hotmail.co.uk)

## Enrolment Form

If you require any assistance in completing this form, please speak to a member of staff who will be pleased to help.

I have read, understood and agree to the terms listed in the GDPR Policy and in the Information Sharing Policy (included with this form). These policies adhere to the General Data Protection Regulations 2018.

Signature..... Date .....

CHILDS FULL NAME.....

D.O.B..... Gender.....

Parent/Carer's Name ..... Tel. ....

E-mail Address-..... Mobile .....

For use with Parent mail and Tapestry

Address ..... Post Code.....

Parent/Carer's Name..... Tel. ....

E-mail Address-..... Mobile .....

For use with Parent mail and Tapestry

Address (If different from above)..... Post Code.....

1<sup>st</sup> Emergency Contact Name & Address

..... Tel. ....

.....  
2nd Emergency Contact Name & Address

..... Tel. ....

Please name all adults with parental responsibility and / or legal contact:

Mum:.....

Dad.....

Other.....

Child's Doctor .....

Doctor's Address ..... Tel. #.....

Childs Health Visitor .....

Please Tick Which Infectious Diseases Your Child Has Had.

Measles ..... German Measles..... Mumps ..... Chicken Pox .....

Please Tick Which Vaccinations Your Child Has Had.

Tetanus..... Whooping Cough ..... Diphtheria..... Polio..... MMR .....

Is your Child Allergic to milk? Yes/No

Would you prefer your child to drink milk/water or either.

Preferred language used at home .....

We/I give permission to the seeking of any necessary emergency medical advice or treatment in the future.

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

(Mother/Father/Guardian)

## **Medical History**

***For the Playgroup records we need to have the following information***

Please give brief details of the birth of your child: (Natural Delivery/ c section/ etc )

.....  
.....  
Was your child born premature? Yes/No

Did your baby crawl? Yes/No

When did your baby begin to walk?.....

Does your child have any medical condition asthma, eczema etc/Allergies we should be aware of:

.....

Does your child have to take any medication ? Yes/ No

.....

.....

Has your child ever been stung by a BEE or a WASP? Yes/No

(please give details)

.....

.....

Does your child have any additional needs e.g hearing impairment, visual impairment, delayed speech or other?

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Has/is your child had contact with any of the following professionals:-

I have help from/Contact with/attend – please give contact details:-

Health Visitor .....

Advisory Teacher .....

Speech and Language Therapist .....

Educational Psychologist .....

Occupational Therapist .....

Paediatrician .....

Portage .....

Physiotherapist .....

Other .....

Because .....

.....

In order to develop inclusive practise within our Playgroup it may be necessary to seek advice from other professionals from time to time on how to adapt our practise to meet individual needs. Please sign to acknowledge your agreement with this.

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

(Mother/Father/Guardian)

Suffolk County Council recommends that children, who have been poorly with vomiting, diarrhoea or fever, do not return to playgroup until 72 hours after they are clear of the symptoms. This is in accordance with the playgroup policies which can available in the setting or can be emailed on request.

**Cleaning Wipes:**

If we need to clean your child with cleansing wipes we use sensitive baby wipes.

**Sun Cream:**

As the children have access to the outside play area we ask that they come to playgroup with sun protection. We recommend that an all day factor 50 sun cream should be applied before coming to

the session. If this cannot be applied then please provide a named lotion that can be applied as necessary by a member of staff.

I give permission for a member of staff to apply the sun cream provided in my childs bag as and when necessary.

Signed .....Date.....  
(Mother/Father/Guardian)

**Nappy rash prevention cream:**

If nappy cream is required for your child please ensure that this is provided in their changing bag, labelled with their name and the expiry date.

I give permission for a member of staff to apply nappy cream provided in my childs bag as and when necessary.

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

**Walks around the school:**

I give permission for my child to be taken on supervised trips around the school grounds during a playgroup session.

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

**Medication:**

I give my permission for a senior member of the staff to administer any medication as described in the separate care plan.

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

**My Learning Journey:**

I give my permission to share my Childs Online Learning Journey with other professionals, schools, other settings and Ofsted as necessary.

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

**Extra Security:**

For security purposes please provide a password that could be used to confirm the identity of another adult who was given authority by you to collect your child from playgroup.

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**EXTRA ENROLMENT CRITERIA FOR ACTON PLAYGROUP**

**To manage the places for the children, Acton Playgroup work on a ‘First come first serve’ basis giving priority to Acton children.**

**Should a place not be taken up when offered, you may forfeit that place.**

**The committees’ decision is final.**

**When your child becomes funded, a maximum of five places will be offered if spaces available.**

**All booked sessions are chargeable (including any days when your child is away from playgroup due to sickness or holidays).**

Suffolk County Council recommends that children, who have been poorly with vomiting, diarrhoea or fever, do not return to playgroup until 72 hours after they are clear of the symptoms. This is in accordance with the playgroup policies which can available in the setting or on the playgroups web page.

[www.actonplaygroup.co.uk](http://www.actonplaygroup.co.uk)

**PLEASE SPECIFY WHICH OF THE FOLLOWING SESSION TIMES YOU WOULD PREFER YOUR CHILD TO ATTEND.**

**(Circle preferred days)**

**MONDAY AM  
MONDAY PM**

**TUESDAY AM  
TUESDAY PM**

**WEDNESDAY AM  
WEDNESDAY PM**

**THURSDAY AM  
THURSDAY PM**

**FRIDAY AM  
FRIDAY PM**

**We will where possible accommodate your child on the days you request, if however places are not available on the days requested alternative sessions will be offered.**

PLEASE NOTE: WE ALSO RUN A LUNCH CLUB EVERYDAY WHICH IS AVAILABLE FOR THE CHILDREN TO ATTEND THIS ALLOWS THEM TO HAVE A PACKED LUNCH OR SCHOOL DINNER. IF THIS IS OF INTEREST PLEASE ASK FOR FURTHER DETAILS. (EXTRA CHARGE APPLIES)

**Please return this form with your Childs full birth certificate.**