

THE BLOSSOM PATH CRÈCHE

Enrollment Application Form

Safe, Nurturing Childcare for Babies 9 Months and Above

Torquay • Professional Qualified Staff • Inclusive Community • Affordable Excellence

Contact Information:

Phone: 01803921481 | Email: info@theblossompathcreche.com

Please complete all sections and return this form to begin the enrollment process.

SECTION A: CHILD INFORMATION

Child's Full Name: *			
Date of Birth: *		Gender: *	
Nationality: *		Primary Language(s):	
Home Address: *			
Postcode: *			
Special Interests/Hobbies:			
Toilet Training Status:	<input type="checkbox"/> Not started	<input type="checkbox"/> In progress	<input type="checkbox"/> Completed <input type="checkbox"/> Other
Toilet Training Details:			
Sleep Schedule/Nap Preferences:			

SECTION B: PRIMARY PARENT/GUARDIAN

Full Name: *			
Email Address: *			
Phone Number: *		Relationship to Child:	
Address:			

SECTION C: SECONDARY PARENT/GUARDIAN (if applicable)

Full Name:			
Email Address:			
Phone Number:		Relationship to Child:	
Address:			

SECTION D: EMERGENCY CONTACTS

Emergency Contact 1:

Full Name: * _____ Phone: * _____

Relationship to Child: * _____

Emergency Contact 2:

Full Name: _____ Phone: _____

Relationship to Child: _____

SECTION E: MEDICAL INFORMATION

GP Name: * _____ GP Phone: _____

GP Address: _____

☐ Immunizations are up to date

☐ Child has known allergies

Allergy Details:

Medical Conditions:

☐ Child is on regular medication

Medication Details:

Dietary Requirements:

SECTION F: PICK-UP AUTHORIZATION

Authorized Pick-up Persons:

Please list all individuals (other than parents/guardians) authorized to collect your child, including their relationship to the child.

SECTION G: ATTENDANCE/SESSION INFORMATION

Preferred Start Date: _____

Preferred Session: ☐ Full Day (8:00 AM - 6:00 PM) ☐ Morning (8:00 AM - 1:00 PM) ☐ Afternoon (1:00 PM - 6:00 PM)

Days Attending: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

SECTION H: PERMISSIONS

I give permission for my child to:

- ☐ Receive first aid treatment in an emergency
- ☐ Participate in local walks and outings
- ☐ Have nappies changed by qualified staff
- ☐ Be photographed for educational purposes
- ☐ Have photos shared on the creche website/social media (faces may be visible)
- ☐ Receive emergency medical treatment if I cannot be contacted
- ☐ Be collected by emergency contact if I am unable to collect due to illness

SECTION I: SAFEGUARDING & DATA PRIVACY

- ☐ I confirm that all information provided is accurate and complete
- ☐ I understand the creche's safeguarding policies and procedures
- ☐ I consent to my data being used for enrollment and care purposes in accordance with GDPR

SECTION J: PAYMENT TERMS & FEES AGREEMENT

- ☐ I agree to the payment terms and conditions
- ☐ I understand my fee obligations and payment schedule

Payment terms and fee schedules will be provided separately and must be agreed upon before enrollment.

SECTION K: ADDITIONAL INFORMATION

Previous Childcare Experience:

How did you hear about us?

- ☐ Website ☐ Google Search ☐ Friend/Family Referral
- ☐ Social Media ☐ Local Advertisement ☐ Healthcare Professional
- ☐ Local Council ☐ Other: _____

Additional Details:

Any other information about your child or family:

SECTION L: PARENT/GUARDIAN DECLARATION

- ☐ I agree to abide by all creche policies and procedures

Parent/Guardian

Signature: _____

Date: _____

Print Name: _____

For Office Use Only:

Application Received: _____ | Reviewed By: _____ | Status: _____

Start Date Confirmed: _____ | Fee Agreement Signed: _____

The Blossom Path Crèche

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Thank you for choosing The Blossom Path Crèche for your child's early learning journey.