Child’s Full Name:

Date of initial enquiry:
Sessions required:
Start date:
Date of Birth: Gender:
Is your child Term time or all year-round?

|  |  |
| --- | --- |
| Parent 1: Address:  Post Code: Telephone contact Number: Contact Email address: Relationship to Child:Place of work: Work contact Number:  | Child’s home address:  Post Code:  Who has parental responsibility:  |

If eligible for funding, please provide details below:
2 Year funded code (If applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

30 hour funded code (If applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent 1 D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Parent 2: Address: Post Code: Telephone contact Number: Contact Email address: Relationship to Child:Place of work: Work contact Number:  | Child’s home address:  Post Code: Who has parental responsibility:  |

Is there any information you can provide us with regarding legal contact for your child?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please select two emergency contacts other than the main parents/carers, this is in case of an emergency if we can not get in contact with the main parents/carers we would need emergency contacts in this instance.

|  |  |
| --- | --- |
| Emergency Contact 1:Name:Relationship to Child: Home Tel Number: Mobile number: Address:  | Emergency Contact 1:Name:Relationship to Child: Home Tel Number: Mobile number: Address:  |

SHOULD THE NAMED PERSONS STATED ABOVE COLLECT YOUR CHILD, A PASSWORD SYSTEM WILL ENABLE STAFF MEMBERS TO RELEASE YOUR CHILD TO THEM FROM THE NURSERY.

PASSWORD\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF ANOTHER PERSON THAT DOESN’T REGULARLY COLLECT YOUR CHILD COLLECTS THEM, YOU MUST INFORM THE NURSERY, GIVE A DESCRIPTION AND NAME OF THE COLLECTOR AND MAKE SURE THE COLLECTOR KNOWS THE PASSWORD. IT IS YOUR RESPONSIBILITY TO MAKE NURSERY AWARE THAT YOU WANT TO CHANGE AUTHORISED COLLECTORS.

|  |  |
| --- | --- |
| Emergency Contact 1:Name:Authorised collector 1:Relationship to Child:Contact Number:Brief description:  | Emergency Contact 1:Name:Authorised collector 2:Relationship to Child:Contact Number:Brief description:  |

Brothers and sister’s names and ages: Name of adult/s the child resides with:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Religion/Ethnic Origin:

|  |
| --- |
| Child’s doctor & address: Telephone Number: Health Visitor & address: Telephone Number:  |

Child’s Language spoken at home:

Record of information required:

|  |
| --- |
| Past childhood illnesses (for example chickenpox, measles…..) |
|  |
|  |
|  |
| Has your child been immunised against? | Yes | No |
| Diphtheria/Tetanus/Polio |  |  |
| Whooping Cough |  |  |
| Measles/Mumps/Rubella |  |  |
| HIBS (Haemophilus Influenzae) |  |  |
| Meningitus C |  |  |
| Has your child any on-going health problems? |
|  |
| Has your child had any major illness/operation? |
|   |
| Is your child allergic to anything? |
|  |
| Has your child got any fears or phobias? |
|  |
| Has your child got any food allergies?  |
|  |
| Does your child have any special need that you would like to discuss with staff? |
|  |
| Is your child being seen by a Speech Therapist, Portage worker, Social worker etc? |
|  |
| Is there any other information that the staff should know about your child or any procedures prohibited for medical, religious, cultural or other reasons? |
|  |
| Are there any other nurseries, play groups or child minders attended or previously attended by your child? |
|  |
| If yes can we have your permission to contact them to discuss your child’s progress and development? |
| Yes/no | Name of provider |  | Telephone number |  |

CONSENT FORM

Please tick whether you do or do not consent for the statements below.

|  |  |  |
| --- | --- | --- |
| I give consent for sun cream to be applied to my child in warm weather: |  |  |
| I give consent for my child to go on outings with the nursery: |  |  |
| I give consent for first aid to be carried out on my child: |  |  |
| I give consent for photos of my child to be part of displays in the nursery. |  |  |
| I give consent for my child to be in the background of their friends’ journals. |  |  |
| I give consent for staff to seek medical advice in the event of my child becoming ill and I am unable to be contacted. |  |  |
| I give consent for my child to be given hospital treatment in an illness or accident, including anaesthetic. |  |  |

Parent/Carers signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/carer print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nursery Policies

Please complete the following to let us know if you would or would not like a copy of our nursery policies sending to you by email.

Child’s name: Date:

I would/would not like a copy of the nursery policies sending by email.

Email address:

Name:

Signed:

Deposit & registration fee

I enclose the non-refundable £40 registration fee and the refundable deposit of 1 week’s fees.

I/we have read the parent contract and agree to the content stated.

Childs Name:

Parent/Guardian: Signature:

Relationship to child: Date:

If applicable, please complete the slip below so that we can send your monthly invoice over to you by email.

Child’s name: Date:

Email address:

Name:

Signed:

*PLEASE NOTIFY STOKE GREEN DAY NURSERY IMMEDIATELY OF ANY CHANGES TO THIS FORM TO ENSURE WE HOLD THE CORRECT DETAILS FOR YOUR CHILD.*