



Child's Record:

Full Name: _____ Date of Birth: ___/___/___

Home Address: _____

Mobile Tel No: _____

Email: _____

Home Tel No: _____

Male or Female

Parents First Language: _____

Child's First language: _____

Date of Commencement: ___/___/___

Date Ceased Attending: ___/___/___

Parent/ Guardian:

Name: _____

Name: _____

Workplace Address: _____

Workplace Address: _____

Work Contact Phone: _____

Work Contact Phone: _____

Work Email: _____

Work Email: _____

Home Address (If different from the child's address above): _____

Who does the child live with? _____

Nominated people to collect my child:

Name: _____

Name: _____

Work Address: _____

Work Address: _____

Contact Phone No: _____

Contact Phone No: _____

Emergency Contacts:

Name: _____

Name: _____

Address: _____

Address: _____

Contact Phone No: _____

Contact Phone No: _____



Personal Details:

Family Doctor: _____ Tel: _____

Address: _____

Immunisation Record: *(Please enter date into box)*

B.C.G	Diphtheria	Tetanus	Whooping Cough	Polio	HIB	MMR	Meningitis C	HIB Booster

Special / Additional needs:

Does your child suffer from any medical conditions or allergies? Yes No

Details / Special Requirements if any: _____

Does your child suffer from any physical disabilities? Yes No

Details / Special Requirements if any: _____

Does your child suffer from any hearing and / or speech difficulties? Yes No

Details / Special Requirements if any: _____

Does your child have any specific dietary requirements? Yes No

Details: _____

Does your child use 'pet' language for special comfort toys? _____

Please list names of siblings and/or close personal relationships in your child's life: _____

Additional information or concerns that might help us to get to know your child better: _____

Please feel free to provide additional notes on separate sheets if there is not enough space above.

Additional sheets included? Yes No



Parental Consent Form:

Please read each consent carefully before signing.

1. Emergency Medical Care

I understand that every effort will be made to contact the named guardian or other next-of-kin in the event of an emergency requiring medical attention. However, if none of these can be contacted I hereby authorise the nursery to transport my child to the House Doctor's Surgery or to the appropriate hospital as necessary and to secure the necessary medical treatment for my child

Parent / Guardian's Signature: _____

2. First Aid

I authorise the Nursery Staff that are trained in First Aid to give my child First Aid when appropriate. I consent to teething gels and temperature control medication (Calpol / Paralink) being given as appropriate.

N.B. Parents will always be informed when medication has been administered to their child.

Parent / Guardian's Signature: _____

3. Trip / Outing / Walking Permission

Recommended Ratio is 3:1

I authorise that my child may be taken on any walks/outings that may be planned. I understand that all necessary precautions will be taken to ensure my child's safety.

Parent / Guardian's Signature: _____

4. Photo and Video Permission

I give permission for my child's photograph or video to be taken and used within the nursery as outlined in Policies and Procedures document.

Parent / Guardian's Signature: _____

5. Student Observation Permission

From time to time throughout the year, students will be visiting the nursery and observing children as part of their course. These observations are vital to ensure that theory is backed up by actual experience. Students will never have unsupervised access to the children during their time in the nursery.

Parent / Guardian's Signature: _____

6. Access to Animals / Insects

I give permission for my child to be in contact with or have supervised access to animals or pets.

Parent / Guardian's Signature: _____

7. Sun Cream Permission

I give permission for the application of sun cream to my child as outlined in the Nursery Sun Protection Policy.

Parent / Guardian's Signature: _____

8. Parent / Nursery Childcare Declaration

I have read and understand the policies referred to above. I will notify staff of any changes to any of the details in this form.

Parent / Guardian's Signature: _____ Date ___/___/_____

Nursery Manager's Signature: _____ Date ___/___/_____

Days Required

Please Tick Boxes

Full Day Care

8.00am - 6.00pm

Monday	Tuesday	Wednesday	Thursday	Friday

Half Day

9.00am - 2.00pm

Monday	Tuesday	Wednesday	Thursday	Friday

Half Day

1.00pm - 6.00pm

Monday	Tuesday	Wednesday	Thursday	Friday

Montessori

9.30am - 12.30pm

Monday	Tuesday	Wednesday	Thursday	Friday



