Child’s full name………………………………….……………………. Date of Birth ………………………………

Home address ……………………………………………………………………………………………………………………….

Post Code …………………………Home phone …………………………. Mobile ……….………………………..

Email address ……………………………………………………………………………………………………………………….

Mother/carer name ………………………………………….. D.O.B…………………………………………

Place of work …………………………………………………….. Post code ……………………………………………..

Work phone number ……………………………………….

Father/carer name ………………………………………….. D.O.B…………………………………………….

Place of work..……………………………………………….….. Post code ……………………………………………..

Work phone number ……………………………………….

Parental responsibility ……………………………………. Legal contact ………………………………………

Additional Emergency contact …………………………………………….. Phone ……………………………..

Relationship to child ……………………………………………………………………………………………………………

All persons living in house ………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………….

Family doctor ……………………………………………………. Phone …………………………………………………….

Doctors address …………………………………………………………………………………………………………………..

Health visitor ……………………………………………………. Phone …………………………………………………….

Please give any details of any illness, allergies or special dietary requirements concerning your child that the nursery should be aware of and any health concerns you may have (e.g.) hearing, sight, speech etc….)

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Is English your child’s first language? …………………………………………………………………………..

If No, what language is your child’s first language? ……………………………….……………….….

What is your families’ ethnic origin? ………………………………………………………………………..…….

Please give details of any outside agencies that have been involved with your child and al development reviews your child has attended. It is very important you fill this section in, so we can support your child and work with the correct agencies if required.

Children’s services Yes No

Educational Psychologist Yes No

Portage Yes No

Hearing Test Yes No

Sight Test Yes No

Speech Therapist Yes No

Paediatrician Yes No

Health visitor Yes No

If you have answered yes to any of the above questions please provide details (name, phone number, address, date of last appointment etc)

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Please list all vaccinations your child has received

Name ………………………… Date …………………… Name …………………………… Date …………………..…

Name ………………………… Date …………………… Name …………………………… Date …………………....

To enable us to settle your child into the nursery, please advise us of any further information which may help (e.g. comforter, key words etc)

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

Please sign below to give permission to the following:

We as parents/carers understand and agree to pay the appropriate fees **\*weekly** or **\*monthly** in advance and understand that the fees are charged if my child does not attend through sickness, family holiday or by choice. We confirm that we will give four weeks’ notice of intended withdrawal of our child from star Nursery. \*please delete when appropriate.

My child/children will be attending the Nursery **\*Term time only** (please request a calendar showing term dates) or **\*Full time** (50 weeks per year, closed Christmas week, bank holidays and 5 inset days per year) \*Please delete were appropriate.

For my child to be taken out for occasional walks/visits to the local amenities (e.g. local area, Chiltern primary school). Prior notice will be given were possible. All children are covered by the nursery insurance for such visits and outings.

For my child to receive emergency and medical care and to be taken to hospital by ambulance should we not be able to contact an authorised person. (A medical consent form will need to be completed in order to administer medication) .

For my child to be photographed for display within the setting. Confidentiality will be maintained at all times. Occasionally photographs will be taken by the local newspaper or for promotional material, if you do not wish your child’s picture to be used, please let us know.

For information (e.g. attendance records, letters etc….) to be kept in the computer records under the Data Protection Act.

For the Nursery to supervise the application of sun cream where appropriate (to be supplied by the parent/carer and clearly named).

For a deposit equal to one week’s fees for parents/carers wishing to pay weekly and one month’s fees for parents/carers who wish to pay monthly. To be held by the Nursery and returned when your child leaves.

For the sharing of information regarding your child, with relevant professional i.e. Health Visitors, teachers (when moving on to infant school etc…

We have read and agreed to the terms and conditions given to us when my child/children started and also your companies’ policies and procedures.

I ……………………………………………….…(parent/carer) have read and agreed to the above.

Signed…………………………………………… Date……………………………………………

In line with the GDPR requirements all information is kept strictly confidential and stored in a locked cabinet which can only be accessed by senior management, you are entitled to see and have copies of any information relating to your child, if you wish for any of this information please speak to management and they will be happy to assist you.