

Care required: Full time  Part time  Before school  After school  Holiday

### CHILDS DETAILS

Surname:

First Name:

Child Known as:

Start date: ...../...../.....

Date Of Birth: ...../...../.....

Leaving date: ...../...../.....

Age:

Sex: Male / Female

Address:

Post Code:

Home phone:

Please give details of any dietary requirements:

Please give details of your Childs's ethnic origin:

Please note here language spoken at home:

### PARENTS / GUARDIANS CONTACT DETAILS

Name of first carer:

Name of second carer:

Relationship to child:

Relationship to child:

Home address:

Home address:

Post Code:

Post Code:

Home telephone number:

Home telephone number:

Mobile number:

Mobile number:

Email address:

Email address:

Name of employer:

Name of employer:

Work address:

Work address:

Post Code:

Post Code:

Work telephone number:

Work telephone number:

Mobile number:

Mobile number:

Are you claiming child tax credit? Yes / No  
If Yes, please enter your national insurance number:

## MEDICAL DETAILS

Doctors name:

Name of Surgery:

Address:

Post Code:

Telephone number:

Please give details of any medical history or conditions that your child may have that we should know about, including and support they may be receiving:

|                                     |     |  |
|-------------------------------------|-----|--|
| Does your child have any allergies? | Yes |  |
|                                     | No  |  |

If yes please give details:

If your child uses any long term medication or creams, please name these and give instructions on when and how they need to be applied:

Please tick the immunisations your child has already had:

BCG  DPT  MMR  HIB  Whooping cough  Preschool

## FAMILY INFORMATION

Family Structure who is involved in the child's life e.g. Siblings, Grandparents etc.

Who has parental responsibility of the child?

Please give contact details of two persons we can call in case of an emergency if we are unable to contact the main carers.

Name of first carer:

Name of second carer:

Relationship to child:

Relationship to child:

Home address:

Home address:

Post Code

Post Code

Home telephone number:

Home telephone number:

Mobile number:

Mobile number

Email address:

Email address

## PERMISSION FOR PICKUPS

Your child will not be released to an unauthorised person listed on this form (parent / guardian indicate the name, address and telephone number of any other person / s, which you allow to take the child on your behalf.

1) Name:

2) Name:

Relationship to child:

Relationship to child:

Home address:

Home address:

Post code

Post Code

Home telephone number:

Home telephone number:

Mobile number:

Mobile number

A parent/guardian's verbal authorisation for pick up must be received before your child will be released to anyone not listed here. In addition to this we will be asking any person other than the parents to provide details such as name, address and a signature, We may also ask for the person who is collecting to show photographic I.D. If I.D is not shown and management have not been informed the child will not be released.

## POLICIES AND PROCEDURES

Please sign, print and date that you have been informed about the location of our policies and procedures and that you are able to access these at any time.

Signed: \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_

Please read and tick the boxes to authorise the following:-

- I authorise the staff a Little Footprints Nursery to take appropriate action/ first aid in the event of an accident / emergency, including the administration of over the counter medication if it is necessary.
- I understand that staff reserve the right to refuse admission of a child that is unwell, and that it is my responsibility to notify the nursery as soon as possible of any infection, sickness and diarrhoea that my child has endured.
- I authorise my child to attend local outings, e.g. parks, walks etc. with staff and to travel as a passenger on the bus or by car.
- I authorise for photographs to be taken for displays, planning and celebrations e.g. birthdays, by staff and other parents.
- I authorise my child to take part in activities that will provide leaning opportunities e.g. messy play and festivals.

- I authorise the staff at Little Footprints Nursery to apply Sun Cream / Nappy cream.
- For the Welfare officer to file or clip my child's nails as is necessary.
- For the Welfare Officer to check for head lice as is necessary.

It is the policy of Little Footprints Nursery to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency services Please sign below so that we can take the appropriate action on behalf of your child.

I/WE HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD WHEN ILL/INJURED TO BE TAKEN TO THE NEAREST EMERGENCY CENTRE BY THE STAFF AT LITTLE FOOTPRINTS NURSERY WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO A AMBULANCE BEING CALLED TO TRANSPORT THE CHILD.

- I enclose a non-refundable registration fee of £25.00 and the refundable deposit of £175.00

|  |
|--|
| For our reference, could you please tell us how you heard about our Nursery? |
|--|

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

\_\_\_\_\_  
Parents / Guardians Signature

Date:

\_\_\_\_\_  
Parents / Guardians Signature

Date:

**OFFICE USE:**

Start Date.....

Date Left: .....

Days and times of attendance:

|           | Mon <input checked="" type="checkbox"/> | Tues <input checked="" type="checkbox"/> | Weds <input checked="" type="checkbox"/> | Thurs <input checked="" type="checkbox"/> | Fri <input checked="" type="checkbox"/> |
|-----------|---|--|--|---|---|
| AM        | _____                                   | _____                                    | _____                                    | _____                                     | _____                                   |
| PM        | _____                                   | _____                                    | _____                                    | _____                                     | _____                                   |
| Full Time | _____                                   | _____                                    | _____                                    | _____                                     | _____                                   |

Registration fee Paid By Cash / Cheque

Date: \_\_\_\_\_

Retainer Paid By Cash / Cheque

Date: \_\_\_\_\_