Personal details

|  |  |
| --- | --- |
| Name of child |  |
| Date of birth |  |
| Home addressPostcode |  |
| Position in family |  |
| Hair colour  |  | Eye colour |
| Religion |  |
| Ethnic origin |  |
| Nationality |  |
| Language(s) spoken at home |  |
| Intended medium of education, e.g. English, Welsh  |  |
| Details of any disabilities/special needs |  |
| How did you hear about [*insert nursery name*]?  |  |
| Preferred start date |  |

About your family

|  |  |
| --- | --- |
| Mother/carer |  |
| Title |  |
| First name  |  |
| Surname |  |
| Password |  |
| Home addressPostcode |  |
| Home tel numbers |  |
| Mobile |  |
| Home email |  |
| Work addressPostcode |  |
| Work tel numbers |  |
| Work email  |  |
| Hours worked |  |
| Responsibilities(Tick all that apply) | Parental responsibility Payment of feesCollect child from nursery Contact in emergency |

|  |  |
| --- | --- |
| Father/carer |  |
| Title |  |
| First name  |  |
| Surname |  |
| Password |  |
| Home addressPostcode |  |
| Home tel numbers |  |
| Mobile |  |
| Home email |  |
| Work addressPostcode |  |
| Work tel numbers |  |
| Work email  |  |
| Hours worked |  |
| Responsibilities(Tick all that apply) | Parental responsibility Payment of feesCollect child from nursery Contact in emergency |

Other contacts

|  |
| --- |
| Contact one |
| Title |  |
| First name  |  |
| Surname |  |
| Relationship to the child |  |
| Password |  |
| AddressPostcode |  |
| Tel number |  | Mobile |  |
| Responsibilities(Tick all that apply) | Collect child from nursery Contact in  emergency |
| Contact two |
| Title |  |
| First name  |  |
| Surname |  |
| Relationship to the child |  |
| Password |  |
| AddressPostcode |  |
| Tel number |  | Mobile |  |
| Responsibilities(Tick all that apply) | Collect child from nursery Contact in  emergency |

Medical details

|  |  |
| --- | --- |
| Does your child have any allergies? | Yes / No (please circle) |
| If yes, please give details of the cause and reaction |
| Does your child have any special dietary requirements?  | Yes / No (please circle) |
| If yes, please give details |
| Has your child had any of the following immunisations?Please tick and date | Immunisation  | Date of immunisation |
| BCG |  |
| Diphtheria |  |
| HIB |  |
| MMR |  |
| Meningitis C |  |
| Poliomyelitis  |  |
| Tetanus |  |
| Whooping cough |  |
| Any other immunisations |  |
| Name of GP |  |
| Name of surgery  |  |
| AddressPostcode |  |
| Telephone number  |  |
| Health visitor details |
| Name |  |
| AddressPostcode |  |
| Telephone number  |  |
| Other agency details |
| Name |  |
| AddressPostcode |  |
| Telephone number  |  |
| Any other details that we should know about? |

Sessions

Please indicate your preferred sessions.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Session | Mon  | Tues | Wed | Thurs | Fri  |
| Full day |  |  |  |  |  |
| Morning only  |  |  |  |  |  |
| Afternoon only |  |  |  |  |  |
| Extended morning |  |  |  |  |  |
| Extended afternoon |  |  |  |  |  |
| After-school care |  |  |  |  |  |
| Breakfast care |  |  |  |  |  |
| Wrap-around care |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Meals | Mon  | Tues | Wed | Thurs | Fri  |
| Breakfast |  |  |  |  |  |
| Lunch  |  |  |  |  |  |
| Tea |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Funded sessions | Mon  | Tues | Wed | Thurs | Fri  |
| 0 sessions |  |  |  |  |  |
| 1 session  |  |  |  |  |  |
| 2 sessions |  |  |  |  |  |

Do you require a place for term-time only? (please circle) Yes / No

Temporary session amendment form

Please complete this form if you require a temporary amendment to your child’s sessions at [*insert nursery name*].

Name of parent ..........……………………………………………………………………….

Name of child …………………………………………………………………………………

Room …………………………………………………………………………………………..

Date(s) of amended sessions ………………………………………………………………

Additional session(s) required

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Mon | Tues | Wed | Thurs | Fri |
| Full day |  |  |  |  |  |
| Morning  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |
| Breakfast  |  |  |  |  |  |
| Lunch  |  |  |  |  |  |
| Tea  |  |  |  |  |  |
| Other (give details) |  |  |  |  |  |

Cost of additional sessions ..........…………………………………………………………

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

Office use only

Room head authorisation ……………………………………………..…………………….

Additional staff required (to meet ratios)? Yes/No

Staff name ……………………………………………………………………………………

Input into nursery administration system (tick when complete) on (date) ……......

Input by……………………………………… Position ……………………………………..

Payment method …………………………………………………………………………….

Permanent session amendment form

Please complete this form if you require a permanent amendment to your child’s sessions at **[*insert nursery name*]**.

As per our terms and conditions, one month’s notice must be given if the number of sessions is to be reduced.

Name of parent ..........……………………………………………………………………….

Name of child …………………………………………………………………………………

Room …………………………………………………………………………………………..

Start date for amended sessions

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

Please complete the sessions’ form with the new sessions required and attach it to this amendment form.

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

Office use only

Manager/room head authorisation ………………………………………………………….

Additional staff required (to meet ratios)? Yes/No

Staff name …………………………………………………………………………………….

Input into nursery administration system (tick when complete) on (date) ……......

Input by ………………………………………………….…………………………………….

Position ………………………………………………………………………………………..

Agreement

I agree to abide by the terms and conditions and policies and procedures of **[*insert nursery name*]** which I have read and fully understand.

Signed……………………………………….. Date …………………………………………

Print name…………………………………........…………………………………………….

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

Signed…………………………………………Date………………………………………….

Print name…………………………………........…………………………………………….

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

Office use only

Input into nursery administration system (tick when complete) on (date) ……......

Input by ………………………………………………………………………………………..

Position ………………………………………………………………………………………..

Actual start date ………………………………………………………………………………

Room …………………………………………………………………………………………..

Key worker ……………………………………………………………………………………

Permission slips received

Nursery trips agree/disagree

Emergency medication agree/disagree

Photographs agree/disagree

Communication Plan

Please tick method of communication regarding sharing information about your child both from nursery to home and home to nursery. Please tick all that apply with your preferred method at the bottom:

Face to face

Via paper documentation, e.g. daily diary, observation sheets

Email

Telephone

My preferred method is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_