



Child's Full Name: _____ Date of Birth: ____/____/____ Sex: *Male Female*

Address: _____ Postcode _____

Home Telephone No: _____ Mobile No: _____

Email Address: _____

Parent Details:

If parents live separately, are both allowed legal contact with child? If not, please explain: _____

Mother: _____ Father: _____

Address: _____ Address: _____

_____ Postcode _____ Postcode _____

Contact No: _____ Contact No: _____

Parental Responsibility:

Child Lives With: (Name) _____ Relationship to Child: _____

Address: _____ Post Code: _____

Contact Number: _____

Parent's Occupation and Work Contact Numbers:

Mother: _____ Contact No: _____

Father: _____ Contact No: _____

In case of emergency, please supply at least two other contact numbers of peoples who may collect your child:

Name: _____ Tel No: _____ Relationship to Child: _____

Name: _____ Tel No: _____ Relationship to Child: _____

Please list the people who may collect your child:

1) _____ Relationship to child _____

2) _____ Relationship to child _____

3) _____ Relationship to child _____

Religion / Faith _____

Home Language _____ Other Language's Used _____

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?



Doctor's Information:

Name: _____ Tel No: _____

Address: _____

Health Visitor Information:

Name: _____ Tel No: _____

Address: _____

Does your child have any allergies? *(if yes please give details):* _____

Dietary requirements and activities exclusion requests: _____

Does your child have any medical conditions that staff should be aware of?: _____

Will your child be taking any permanent medication whilst attending the nursery? *please give details:* _____

Please provide us with any information that may help your child to settle, eg..(nickname, comforter, favourite activities):

Any likes, dislikes or fears: _____

Names of Professionals Involved With Your Child

Name 1: _____ Role: _____

Agency: _____ Telephone: _____

Name 2: _____ Role: _____

Agency: _____ Telephone: _____

Name 3: _____ Role: _____

Agency: _____ Telephone: _____



HAS YOUR CHILD HAD THE FOLLOWING VACCINATIONS?

<u>Time of Immunisation</u>	<u>Vaccine Given</u>	<u>Diseases Protected Against</u>	<u>Tick The Box If Your Child Has Received This Vaccine</u>
Two Months Old	DTaP / IPV / Hib and PCV	Diphtheria, tetanus, pertussis (whooping cough), polio Haemophilus influenza type b (Hib), Pneumococcal infection	_____
Three Months Old	DTaP / IPV / Hib and MenC	Diphtheria, tetanus, pertussis (whooping cough), polio Haemophilus influenza type b (Hib), meningitis C	_____
Four Months Old	DTaP / IPV / Hib and PCV	Diphtheria, tetanus, pertussis (whooping cough), polio Haemophilus influenza type b (Hib), Pneumococcal infection and meningitis C	_____
Around 12 Months	Hib / MenC Booster	Haemophilus influenza type b (Hib), meningococcal C infections	_____
Around 13 Months	MMR & PCV Booster	Measles, mumps and rubella and pneumococcal infections	_____
3 Years & 4 Mths Old Five Years	DtaP / IPV & MMR	Diphtheria, tetanus, pertussis (whooping cough), polio & measles, mumps and Rubella	_____



CARE PLAN

Please provide us with details of your child's regular routine including feeding routines, sleep patterns, comforting strategies and your child's likes and dislikes:

Which days / sessions would you like your child to attend the Nursery:

What date would you like your child to start? ____/____/____ : _____



SICK CHILD / MEDICAL POLICY

Children who attend the setting have a right to childcare all year round. The only time this is declined is when a child is sick or suffering from an infectious disease. This is due to the risks to other children and staff, with whom they have regular contact. All parents/carers must be aware of the severity of this policy to allow the facility to run effectively and therefore we ask that all children who are unwell remain from the nursery until their symptoms have passed or for 48 hours after the last symptoms of sickness or diarrhoea.

We have a recommend exclusion procedure for specific illness such as chicken pox and measles, however if your child is generally unwell we leave this to your discretion but we advise if your child's condition deteriorates whilst at nursery, we will contact you to arrange collection. Children must be absent from nursery for the first 24 hours of taking any prescribed medication on site which holds a valid GP's sticker.

In the event of your child needing emergency medical treatment, staff will give consent for your child to receive treatment at a medical facility in the parent / carers absence if we have gained your consent.

Please sign this policy below if you have read and understood this policy and agree to staff members giving permission for emergency treatment for your child in your absence.

Child's Name: _____

Parental Signature: _____

Date: ____/____/____



CONSENT FORMS

Child's Name: _____

I consent to the following:

- 1) My child may receive first aid or medical treatment in the event of an accident or an emergency and if necessary can be taken to a hospital although staff members are not permitted to consent for treatment in a hospital.

YES NO

- 2) The Nursery provides plasters within our first aid box in case of minor cuts or wounds: a member of staff is permitted to use a plaster on my child if necessary.

YES NO

- 3) My child may go for local walks as long as the appropriate child / staff ratios are adhered to.

YES NO

- 4) My child may go on outings (e.g. library / parks). I understand if private transport is used, it will be insured and child restraints / seats will be fitted appropriately.

YES NO

- 5) My child may take part when photographs are taken by the staff for wall displays and for the child's personal life.

YES NO

- 6) On occasions a photographer from a local newspaper will visit the nursery to take pictures of event's we are holding. Do you consent for your child's photograph to be used in the local newspapers?

YES NO



7) I consent to the nursery staff taking photographs of my child for use in the nursery prospectus. Our nursery prospectus will be displayed on our web site (www.ladybirdnursery.com).

YES NO

8) In the summertime when playing outdoors I consent for staff members to apply sun cream to my child to protect them from the U.V rays.

YES NO

9) For my child's safety, only named relatives / friends may collect my child from the nursery, and the officer in charge and all staff must be aware of the nominated person. A password is to be agreed as proof and changed when necessary.

The password is: _____

I have completed this consent form fully and will inform the officer in charge of any changes.

Signed: _____

Print: _____

Relationship To Child: _____

Date: ____/____/____



CONTRACT

Parent Name: _____

Child's Name: _____

Days child will attend nursery: _____

- 1) Invoices will be produced at the beginning of each month for the month ahead.
- 2) All fees should be paid by the fifth day of this month.
- 3) You will be entitled to two weeks holiday at half fees, which will be deducted from your bill. Please try to give us four week's notice of holiday dates.
- 4) Sickness and occasional absence will require payment in full.
- 5) Sickness and occasional absence will require payment in full.
- 6) There is an additional charge for children who are dropped off early or collected later than their contracted hours.
- 7) To terminate a place or change your child's days of attendance you must give four weeks written notice.
- 8) A copy of birth certificate to be given at enrolment.

Signed (parent/carer): _____

Signed (Ladybird Nursery): _____

Date: ____/____/____