

**Child's details**

Child's Surname	Home Address
Forename	
Known as	
Date of Birth Male / Female (circle as appropriate)	Postcode

**Parents/Carers Details**

**Primary carers**

Relationship to the child	Do you have parental responsibility for the child?  YES / NO	Relationship to the child	Do you have parental responsibility for the child?  YES / NO
Title		Title	
Surname		Surname	
Forenames		Forenames	
Address	Address		
Postcode	Postcode		
Telephone No.	Telephone No.		
Work Details/Telephone No.	Work Details/Telephone No.		
Email address: (Can be used for online learning journey: Y/N)	Email address: (Can be used for online learning journey: Y/N)		

**Emergency Contact**

(Please provide an emergency contact other than the primary carers)

\*Please note that an ID will be requested of each emergency contact when collecting.

Relationship to the child: Full Name:	Relationship to the child: Full Name:
Telephone No. Address	Telephone No. Address
<i>Are they allowed to collect the child other than in an emergency? Yes/No</i>	<i>Are they allowed to collect the child other than in an emergency? Yes/No</i>

**Session request (tick as required)**

	Monday	Tuesday	Wednesday	Thursday	Friday
Am (8:00am – 1pm)					
Pm (1pm – 6:00pm)					
Any other request					

(Please note that the first 3-4 days consist of induction sessions)

**Office Use**

<u>Start Date:</u>	<u>Date of submission</u>	<u>Space offered?</u> YES/NO	<u>Staff:</u>
<u>Eylog account created:</u>	<u>Additional Notes</u>		

**Security Information**

\* Details for the collection of people other than the primary carer(s)

**Security question:** \_\_\_\_\_

**Security answer (password) (required for collection of the child):** \_\_\_\_\_

**All about Me (My World)**

My First Language:		Other Languages I Speak:	
Nationality:	My Religion:	Religious/Cultural Events I Celebrate:	

Ethnicity (Tick as appropriate)				
<b>White</b> English / Welsh / Scottish / Northern Irish / British Gypsy or Irish Traveller Irish Any other White Background	<b>Asian/Asian British</b> Indian Pakistani Bangladeshi Chinese Any other Asian Background	<b>Mixed/Multiple Ethnic Groups</b> White and Black Caribbean White and Black African White and Asian Any other Mixed / Multiple Ethnic Background	<b>Black / African / Caribbean / Black British</b> African Caribbean Any other Black / African / Caribbean Background Arab	<b>Other Ethnic Group:</b> _____

Tick as appropriate						
English as an Additional Language (EAL)	Funded 2 year old	Funded 3-4 year old	Pupil Premium	Special Educational Needs & Disability (SEND)	Looked After Child (LAC)	Pupil Premium

**Details of any siblings**

Name	DOB	Gender (male / female)

**My...**

Interests/Likes:	Dislikes/fears:
Skills:	If I am distressed/unhappy, I feel better if...

**Sleep**

<b>Sleep pattern:</b>	<b>I like to sleep in a (circle appropriate)</b> Cot      Bed      Mat
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**Nappies / Toileting (Circle and fill out the appropriate response)**

I wear nappies of size \_\_\_\_ and they are disposable / reusable

I am potty trained

I am dry

**Health Information**

Details of any illnesses, conditions or disabilities:	
Allergies: If so, how does your child react to these?	
Dietary requirements:	
Name of family doctor:	Name of practice
Address:	Telephone No.
Name of health visitor	Telephone No.

*In the event that no one can be contacted in an emergency the Nursery Manager will allow other trained professionals to make decisions in the best interest of your child (e.g. medical staff or local GP).*

**Immunisations**

My child has had the following immunisations, please tick all those that are relevant:	My child has had the following childhood illnesses / diseases, please tick all those that are relevant:
Diphtheria <input type="checkbox"/> Hib <input type="checkbox"/> Measles (Separate vaccine) <input type="checkbox"/> Mumps (Separate vaccine) <input type="checkbox"/> Rubella (Separate vaccine) <input type="checkbox"/> Meningitis C <input type="checkbox"/> MMR <input type="checkbox"/> Polio <input type="checkbox"/> Tetanus <input type="checkbox"/> Whooping Cough (Pertussis) <input type="checkbox"/> Other (please specify):	Chicken Pox <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Hand, foot and mouth <input type="checkbox"/> Whooping Cough <input type="checkbox"/> Impetigo <input type="checkbox"/> Other (please specify):

**Involvement of other professionals**

Please tick if any of the following are working with your child:					
Family Support Worker <input type="checkbox"/>	Social Worker <input type="checkbox"/>	Speech Therapist <input type="checkbox"/>	Educational Psychologist <input type="checkbox"/>	Health Visitor <input type="checkbox"/>	Occupational Therapist <input type="checkbox"/>
District Nurse <input type="checkbox"/>	Social Services <input type="checkbox"/>	Other (please provide details):			

If you have ticked any of the above, please give details below:

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**Permissions**

- I give my permission for my child's profile to be on eyLog, a protected database accessible only to parents and staff while on nursery premises.

Sign: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

- I give my permission for my child to be in group photos (eyLog) for the purpose of development tracking.

Sign: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

- I give consent for photographs to be taken of my child for nursery display and record keeping purposes. (Photographs will be kept in nursery). If the Nursery wants to use photographs of my child for advertising purposes (E.g. on the Nursery website, Facebook or Twitter), I will be asked for separate permission for each photograph:

Sign: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

- I give consent for staff and other agencies such as Ofsted, Area Senco, and Health Visitors, Early Years, Local Authority, etc to carry out and record observations of my child for the purpose of developmental assessment:

Sign: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

- I give consent for my child to be taken off site for short local walks as part of Nursery activities. I understand that any offsite walk will have a ratio according to the outings and visits policy.

Sign: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

- I give consent for the Nursery to act in the best interests of my child in the event of a medical emergency, perform first aid procedures or take the child to the hospital, should this be necessary.

Sign: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

Optional:

- I give consent for the Nursery to apply sun cream to my child: YES / NO

Sign: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

- I give consent for Nursery staff to apply Sudocreme / nappy cream if necessary: YES / NO

Sign: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

- Nursery staff are allowed to put a hypoallergenic plaster onto a minor wound if necessary to keep a wound clean: YES/NO

Sign: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

- I give Fireflies Nursery my permission to hold a copy of my ID for security purposes. I understand that my ID will not be used for other purposes than to identify myself at the nursery. I also understand that once my child leaves the nursery, my ID will be destroyed.

Sign: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

**Documents to be presented by you**

- Birth certificate including parents' names
- Immunisation book
- Proof of primary carer's address
- Funding information document
- Parent ID's
  
- Professionals information (SEN statements, Doctor's letters, etc)
- Court documents (if restrictions in collecting children apply)

**Declaration**

The above is a true statement of my circumstances. I understand that if I give false information it will put at risk any placement offered. I agree to inform the nursery of any changes to my circumstances as this may also affect any placement offered and I wish to apply for a space for my child.

PRINTED NAME (in full):

Signature: \_\_\_\_\_

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

**Data Protection**

The information given on this form will be held on computer systems and may be used for the purposes of furthering education and training, career guidance, health monitoring and advice. The information will not be disclosed to any third parties except where permitted by law or where consent has been received. The issues of the information are covered by the Council's registration under the Data Protection Act 1998. The nursery reserves the right to share information where needed under the child protection policy.

***Please understand that we will not allow any child to start at nursery until we consider they are settled and feel comfortable with us – even if this means a start date is delayed.***