

Holy Cross Pre-School Nursery



CONFIDENTIAL

Child's Record Form

Name of child (and any other name by which child is known):

Date of birth:

Ethnicity:

Religion:

Gender (Please circle):

Male/Female

Child's first language:

Additional language(s):

Does your child have any siblings? (If yes please detail names) Yes/No

Address where your child lives:

Parent/carer details:

Parent/carer 1 (Name):

(Please circle)

Parental responsibility: Yes/No

Lives with Child: Yes/No

Address if different from above:

Mobile no:

Home no:

Work no:

Parent/Carer 2 (Name):

Parental responsibility: Yes/No

Lives with Child: Yes/No

Address if different from above:

Mobile no:

Home no:

Work no:

Insert Photo

Or email passport
sized picture

Insert Photo

Or email passport
sized picture

Emergency Contacts - in an Emergency, please contact (In order of preferred contact):

	Name	Relationship to child	Telephone number
1.			
2.			
3.			

Persons Authorised to pick up child

Insert Photo
Or email a passport sized picture

Name:

Relationship to child:

Tel/Mobile number:

D.O.B for I.D:

Insert Photo
Or email a passport sized picture

Name:

Relationship to child:

Tel/Mobile number:

D.O.B for I.D:

Insert Photo
Or email a passport sized picture

Name:

Relationship to child:

Tel/Mobile number:

D.O.B for I.D:

Insert Photo
Or email a passport sized picture

Name:

Relationship to child:

Tel/Mobile number:

D.O.B for I.D:

If you are unable to collect your child from nursery, please inform the nursery prior to collection detailing which of your Authorised persons' is collecting your child. If you have not informed the nursery prior to collection that someone different is collecting your child, we will need to call you to confirm before letting them leave the premises.

The nursery will use their D.O.B as ID and will use the picture provided for reference of who is collecting.



Medical information:

<p>Child's Doctor Name: Address: Tel:</p>	<p>Immunisations/Vaccinations Please tick if your child has had the following Immunisations/Vaccinations:</p> <table border="0"> <tr> <td><input type="checkbox"/> Diphtheria</td> <td><input type="checkbox"/> Measles</td> </tr> <tr> <td><input type="checkbox"/> Whooping cough</td> <td><input type="checkbox"/> Mumps</td> </tr> <tr> <td><input type="checkbox"/> Tetanus</td> <td><input type="checkbox"/> Rubella</td> </tr> <tr> <td><input type="checkbox"/> Polio</td> <td><input type="checkbox"/> Hib</td> </tr> <tr> <td><input type="checkbox"/> Meningitis</td> <td></td> </tr> </table>	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Measles	<input type="checkbox"/> Whooping cough	<input type="checkbox"/> Mumps	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Rubella	<input type="checkbox"/> Polio	<input type="checkbox"/> Hib	<input type="checkbox"/> Meningitis	
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<input type="checkbox"/> Polio	<input type="checkbox"/> Hib										
<input type="checkbox"/> Meningitis											

We will require you to fill out a separate care plan if any of the following apply.

Does your child have any **Medical conditions** of which we should be aware? Yes/No
If Yes, please give details:

Does your child have any **Allergies** of which we should be aware? Yes/No
(e.g. Allergy related asthma, food, plasters, pets) If Yes, please give details:

Does your child have any **Special Dietary requirements**, either medical/cultural? Yes/No
If Yes, please give details:



Toileting

Please specify whether your child is in **nappies/pull-ups/pants**.

Are they currently Toilet training? **(Please circle)** Yes/No

Please details any words your child uses for the **toilet/potty** or when they are **wet/soiled**:

Does your child have any additional needs or a disability? (Please circle)

Yes/No If yes please give details:

Additional support

Other Professionals

Is your child being supported by any other professional such as; Health visitor, Educational psychologist, Speech and Language therapists (SALT), Paediatrician, Occupational therapist (OT), Audiology, Ear/Nose/Throat, Portage, Social Services or any other?

(Please circle) Yes/No

If Yes, please give details:



Permissions and consent

I consent to my child be transported by Ambulance in the case of an emergency.	Yes/No
I consent to Holy Cross pre-school applying sun cream to my child which I will supply clearly labelled with my child's name.	Yes/No
I consent to Holy Cross pre-school nursery applying Sudocrem/Vaseline to my child if needed.	Yes/No
I consent to the nursery's first-aid trained members of staff to apply a medical wipe and/or Plaster to my child if needed.	Yes/No
I consent to my child having their face painted on occasion.	Yes/No

Print name:

Signature:

Date:

Permission for local offsite activities/trips and minibus travel

I/we give permission for my/our child to participate in activities/trips to local places of interest; such as local parks during the day at nursery. I understand that my child may be walking or travelling on the nursery minibus.

Parent/carer 1: Printed name: Signature:

Parent/Carer 2: Printed name: Signature:

Date:



Consent for administration of Calpol

If whilst your child is at nursery they suddenly come down with a high temperature, we need the following consent signed in order for us to administer Calpol that the nursery will have on site.

I **give/I do not give** my permission to Holy Cross Pre-school Nursery to administer Calpol to my child, in the event of a high temperature of 38°C and above.

I understand that I will be contacted by a member of nursery staff to ask for my verbal consent to administer the medication. I also understand that Holy Cross Pre-school nursery have a procedure that will be followed and I can view this at any time.

I also understand that if I am unable to be contacted Holy Cross Pre-school Nursery will contact a listed emergency contact for permission and follow the procedure of administering Calpol.

If Holy Cross Pre-school Nursery are unable to contact me or any of the emergency contacts and my child has been in nursery for over 4 hours (i.e. the specified length of time between doses) I give the nursery permission to administer Calpol if they feel it is in the best interests of my child.

I understand that once I have given my verbal consent for Calpol to be administered I must collect my child within an hour for further monitoring at home.

Parent/carer 1: Printed name: Signature:

Parent/Carer 2: Printed name: Signature:

Date:



Images, photographs and videos consent

To comply with the Data Protection Act 1998, we need your permission before we can photograph or make recordings of your child. Please answer the following questions by circling Yes or No.

Do you consent to Holy Cross Pre-school;

1. Using your child's photograph/videos on the Tapestry assessment programme for parents/professionals to view?	Yes	No
2. Using your child's image on our website?	Yes	No
3. Recording your child's image on video or webcam?	Yes	No
4. Using images <u>not</u> containing your child's face on the Holy Cross Pre-school Nursery Facebook page?	Yes	No
5. Using your child's photograph in the Nursery prospectus and other printed publications that we produce for promotional purposes?	Yes	No
6. Are you happy for your child to appear in the media e.g. if a newspaper photographer or television crew attend an event?	Yes	No

Parent/carer 1: Printed name: Signature:

Parent/Carer 2: Printed name: Signature:

Date:

Please contact the nursery at any time if you wish to withdraw your consent, the nursery will remove your child's images within 20 working days.

The Holy Cross Pre-school policy for images, photographs and videos is available on request.



FOR OFFICE USE ONLY

Date of application:	Start Date:	Date Left:
Nursery forecast updated: YES/NO		
Nursery billing updated: YES/NO		
Nursery contact lists updated: YES/NO		
Parental Declaration Signed (NEF/EEE): YES/NO		
Added to waiting list: YES/NO		
Terms and conditions Signed: YES/NO		Date:

Are the following on the child's file?
I confirm that I have seen the original documents

Document	Reference Number if applicable	Signature	Date Seen
Birth Certificate (check names and DOB)			
Proof of address			
Benefit/Funding entitlement			
Code for 30 hours/EYPP/2 year old funding			