

CHILD'S DETAILS			
Child's Full Name			
Child's Date of Birth			
Child's Address: (Inc Postcode)			
Home Language:		Password for collection:	

ADULTS WITH PARENTAL RESPONSIBILITIES			
Name		Name	
Address (If different from child)		Address (If different from child)	
Contact Number		Contact Number	
Email		Email	
Relationship to child		Relationship to child	
Does anybody else have a legal right to have contact with the child?		Yes / No (Please provide details if 'yes')	

ADDITIONAL EMERGENCY CONTACTS			
Name		Name	
Address (If different from child)		Address (If different from child)	
Contact Number		Contact Number	
Relationship to child		Relationship to child	

MEDICAL INFORMATION

Does your child have any known food requirements?		Yes / No (Please provide details if 'yes')	
Does your child have any known medical conditions?		Yes / No (Please provide details if 'yes')	
Does your child take any regular medication?		Yes / No (Please provide details if 'yes')	
Is your child up to date with their NHS vaccinations?		Yes / No (Please provide details if 'yes')	
GP Name		Telephone	
Address			
Name of Dentist		Contact Number	
Name of Health Visitor		Contact Number	
Name of Social Worker		Contact Number	

<b>BOOKING DETAILS &amp; SCHEDULE</b>				
(PLEASE WRITE YOUR PREFERRED HOURS BELOW)				
<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Term Time Hours Only	Yes / No (No indicates all year around attendance)		Start Date	
Office Use Only				

<b>PERMISSIONS</b>			
I give permission for my child to receive basic first aid within the setting as required. I	Y / N	I give permission for my child to be taken to the accident and emergency department	Y / N

understand that i will see a copy of any accident/incident reports involving my child, which I must sign and date.		(A&E) for urgent medical attention if this is necessary and I cannot collect them immediately.	
I give permission for my child to have sun cream applied as required on hot days.	Y / N	I give permissions for the nappy cream I supply to be applied to my child, if required.	Y / N
I give permission or my child to go on local walks.	Y / N	I give permission for my child to be taken on car journeys with practitioners in the setting. I understand they will have an up-to-date MOT, road tax and business insurance.	Y / N
I give permission for my child to be taken on short journeys via public transport.	Y / N	I give permission for my child to use large outdoor equipment in the setting and in purpose-built playground, as described in the Large Outdoor Equipment Policy.	Y / N
I agree for a Tapestry account to be made for my child so I can access their online learning journal and receive updates.	Y / N	I agree for photos to be taken of my child to be shared in their online journal and on internal displays.	Y / N
I agree for photos of my child to be shared in other children's online learning journals and group observations	Y / N	I agree for photos of my child to be shared on online social media platforms and in the press.	Y / N

---

Staff Name:	Parent's Name:
Staff Signature:	Parent Signature:
Date:	

<b>OFFICE USE ONLY</b> ID SEEN & VERIFIED	
Child's Birth Certificate or Passport:	Parent/Carer Proof of Address:
Parent/Carer Photo ID:	Setting Signature: