



Childs full name

Preferred first name or nickname

Gender D.O.B

Address

.....

Postcode Tel. Number.....

Parental Responsibility *(named parents as it appears on birth cert./adoption or similar, which must be provided to verify, and kept on file)*

	First parent/carer	Second parent/carer
Name		
Email address		
Relationship to child		
Lives with child		
Has legal responsibility for child		
Place of work		
Contact numbers and address if different		

Any other parent with parental responsibility i.e. by court order (please provide proof)

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We need to be absolutely sure about who is going to collect your child at the end of a session and who to contact in an emergency. We must have at least 2 other emergency contacts in addition to parents.

Please inform staff at drop off if somebody different will be collecting your child.

Please indicate if you are happy for these people to be given information about your child such as Accident forms, and to have access to your child's learning journey.

Name	Relationship to child	Contact number/s	Access to information

Ethnic origin.....Religion

Language spoken if other than English.....

Names and ages of siblings

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Medical information	
Doctors name, address and contact no.	
Health visitor's name, address and contact no.	
Are immunisations up to date?	
Any allergies, disabilities or medical conditions	
Hearing or speech concerns	
Medication used regularly	

Does your (preschool) child attend any other preschool, nursery, toddler group or formal childcare?

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All children have a development check at 2 years of age, with their pre-school and health visitor. Has this already been completed for your child, and if so, where?

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In order to help settle your child we would like to know if there are any particular likes / dislikes, fears or situations that we should be aware. Please also include special words, dietary requirements or routines that will help.

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Any other relevant information

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Permissions

We need parent permission for many things that may happen whilst at Pre-School.

Please tick for agree or disagree	Agree	Disagree
Treating your child in the event of a minor accident- using plasters etc.		
To seek emergency medical advice or treatment (we will always try to contact you before doing so)		
Applying sun cream when necessary (factor 30 or above).		
Taking photos or video of your child to be used in their individual Learning Journey/folder and at Pre-School, for example in displays. AND Taking photos or video of your child to be used in other children's Learning Journeys/folders.		
Taking photographs or video of your child to be used for pre-school website and/or Facebook and/or media such as the Bridport News or for advertising		
To use the secure 'Tapestry' interactive learning journey to record your child's development and achievements		
To use information about your child to liaise with: health visitors, other childcare providers your child may attend, school before your child starts.		
To take your child out on outings in the local community i.e. welly walks or to the allotment/church		
To use face paints		

Sessions required (Please specify times required for each day/session)

	Tuesday	Wednesday	Thursday	Friday
Morning Session 9am – 1.30pm				
Afternoon Session 12.00 – 3.00pm				
Full day 9am – 3.00pm				

Please keep the Pre-School staff informed of any changes in details or circumstances which may affect your child (for example, illness, bereavement, new baby etc.) so we can help him/her and support the family.

All information shared with Pre-School staff is strictly confidential and held securely.
Please note; we work closely with the Community Health Team, local Children's Centre and other appropriate professionals in the support of your child's education and wellbeing.

At pre-school, we try to consider our environment in everything we do, and therefore email all letters, newsletters etc. Please tick below to indicate if you are happy to receive all correspondence by email, or would prefer paper copies.

Email		Paper	
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(Please specify email address if different from main contact details)

Parent Signature..... Dated.....