Child Application Form

Alban Preschool · Barnet

Please complete all sections and return with your child's birth certificate.

CHILD DETAILS

Family Name _____ **Date of Birth** _____

Forename _____ **Gender** ☐ *Female* ☐ *Male*

FAMILY DETAILS

Mother

Family Name _____

Forename _____

Date of Birth _____

NI Number _____

Address _____

_____

_____

Parental responsibility? ☐ Yes ☐ No

Job Title _____

Home Number _____

Work Number _____

Mobile _____

Father

Family Name _____

Forename _____

Date of Birth _____

NI Number _____

Address _____

_____

_____

Parental responsibility? ☐ Yes ☐ No

Job Title _____

Home Number _____

Work Number _____

Mobile _____

Primary Email Address _____

Secondary Email Address *(if applicable)* _____

Siblings (Name and D.O.B.) _____

EMERGENCY CONTACTS (IF PARENTS CANNOT BE REACHED)

Contact 1

Name _____

Phone Number _____

Mobile _____

Relationship to child _____

Contact 2

Name _____

Phone Number _____

Mobile _____

Relationship to child _____

I give permission for the setting to seek any necessary emergency medical advice or treatment in the future.

Parent / Guardian signature _____ **Date** _____

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DOCTOR'S DETAILS

Doctor's Name _____

Practice Telephone _____

Practice Address _____

_____

MEDICAL, DIETARY & WELLBEING INFORMATION

Known allergies or infectious diseases _____

Fears _____ **Comforts** _____

Special likes _____ **Special dislikes** _____

Any other medical / educational needs _____

(separate more detailed form is available for further information.)

Dietary

Can your child eat fruit? ☐ Yes ☐ No

Can your child eat raw vegetables? ☐ Yes ☐ No

Can your child drink milk? ☐ Yes ☐ No

Can your child drink water? ☐ Yes ☐ No

Special dietary needs or preferences _____

CULTURAL & BACKGROUND INFORMATION

Ethnicity / cultural background _____

Languages spoken at home _____

Main religion of family _____

Festivals / occasions to acknowledge _____

If English is not the main language at home, will this be the first experience of an English-speaking environment? ☐ Yes ☐ No

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PROFESSIONALS INVOLVED WITH YOUR CHILD

Health Visitor _____ **Telephone** _____

Social Worker _____ **Telephone** _____

Other professionals / services _____

If a social care department is involved with your family, please state the reason:

Reason for involvement _____

If the child has a Child Protection Plan, please note this below (do not include details):

Child Protection Plan note _____

SESSIONS REQUIRED

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (AM)	☐	☐	☐	☐	☐
Lunch	☐	☐	☐	☐	☐
Afternoon (PM)	☐	☐	☐	☐	☐

CONSENTS & DECLARATIONS

Outings consent

I give my full consent to my child's participation in all nursery outings. I understand I will be notified before these take place.

Signature _____ **Date** _____

Key Worker & photographs

I understand that my child will have a Key Worker responsible for keeping developmental records, and that photographs may be taken for their learning portfolio.

Signature _____ **Date** _____

Please note: We will NOT release your child to anyone who is unknown to us unless we have your pre-arranged permission. We may require proof of identity or a staff password. All policies, procedures, and the Ofsted report are available in the hallway entrance. Please take some time to read through these documents. **Please bring your child's birth certificate when returning this form.**