



# Child Details

Family Name .....

Gender Female / Male

Forename .....

Date of Birth .....

Family Details

Mother

Father

Family Name .....

.....

Forename .....

.....

DOB .....

.....

NI number .....

.....

Address .....

Does this person have  
parental responsibility

Yes / No

Yes / No

Job Description .....

.....

Home Number .....

.....

Work Number .....

.....

Mobile .....

Email: .....

Please bring your child's birth certificate when returning this form.

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

**Emergency Contact Details** (if we are unable to get in touch with either parent)

Name ..... Name.....  
Phone number. .... Phone Number .....  
Mobile ..... Mobile .....  
Relationship to child..... Relationship to child.....

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

**Further Relevant Information**

Doctor's Name .....  
Telephone ..... Address.....

**Any Known Allergy Infectious Diseases**.....

Fears..... Comforts.....  
Special likes..... Special dislikes .....

Does your child have any other medical/Educational needs.....

A separate more detailed form is available for further information.

Can your child eat fruit..... raw vegetables .....

Drink milk..... Water .....

Does your child have any special dietary needs or preferences  
.....

How would you describe your child's ethnicity or cultural background .....

What languages are spoken at home.....

If English is not the main language spoken at home will this be the first experience of being in an English speaking environment Yes / No

What is the main religion of your family.....

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated ?

.....

**Name of any professionals involved with your child** .....

Health visitor..... Telephone number.....

Social Worker..... Telephone number.....

What is the reason for the involvement of the social care department with your family?.....

If the child has a child protection plan, make a note here, but do not include details

**Days of the week you require**

Am     Monday     Tuesday     Wednesday     Thursday     Friday

Lunch    Monday     Tuesday     Wednesday     Thursday     Friday

Pm     Monday     Tuesday     Wednesday     Thursday     Friday

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

Sign ..... Date .....

I understand that my child will have a Key Worker who will be responsible for keeping Developmental records and may take photographs of my child for their profiles.

Sign ..... Date .....

PLEASE note we will NOT release your child to anyone who is unknown to us unless we have your pre-arranged permission to do so. We may require proof of identity such as giving a member of staff a password. All policies / procedures / OFSTED report are in the hallway entrance, please take some time to look through these documents.