

Do You Need
Child Care



Monday - Friday
8:0a.m. -5:30p.m.

Northburn Road, Eyemouth. TD14 5 AU. Tel: 018907 51768

Child's full name: _____

Date of Birth: _____ Nationality _____ Start Date : _____

Home Address: _____

_____ Post code _____

<u>Mother /Carer</u>	<u>Father/Carer</u>
Title: (Mrs, Miss, MS etc)	Title:
Forename	Forename:
Surname	Surname:
Daytime whereabouts and Tel no:	Daytime whereabouts and Tel no:
Home Tel no: (if different)	
Email address:	

Emergency contact numbers if either of the above cannot be contacted: _____

Relationship to the child (if any): _____

Sessions or Day care requirements: _____

Number of children in family; _____ Child's place in family: _____

Other pre-school groups or carers, previous and current _____

Please list anyone who may pick up your child

Please let us know if someone different will be collecting your child.

Is there anyone who is *NOT* allowed contact with your child?

Office use:
Birth certificate no:
Proof of address seen:

Data Protection: Please note that the information on this form will be held on computer &/ or manual files for the purpose of registration and reference when needed. Some of the information may be passed on to relevant Local Authority departments, e.g. Education, Police or Social Work if required. If you would like to read the full data protection policy please ask.

Medical History:

Name of Family Doctor: _____
 Address: _____
 Tel. Number: _____
 Health Visitor: _____
 Other Professionals involved with your child: _____
 Allergies; _____
 Food dislikes or intolerance: _____
 Any Special needs: _____

Immunisations: *Has your child been immunized for any of the following?*

Diphtheria	yes/no	Tetanus	yes/no	Measles/	yes/no
Whooping cough	yes/no	Poliomyelitis	yes/no	mumps/rubella	

Date booster immunization received: _____

Has your child had any of the following illnesses?

Epilepsy	Yes / no	Asthma	yes/no	Diabetes	yes /no
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(Please circle the relevant yes /no answer for these questions)

Parental consent for short Spontaneous outings. Yes / no	Parental consent for emergency medical assistance to be sought if I cannot be contacted. Yes / no	Parental consent for my child to be photographed/videoed for Nursery purposes. Yes / no
Parental consent for SUN protection (cream) if necessary Yes / No	Parental consent for my child to be changed into suitable footwear when necessary (e.g. boots or gym shoes) Yes / No	I give permission for my child's first name to be on the nursery Facebook page Yes / No

Please tell us of any family circumstances which will help us to help/care for your child e.g. recent moves, family loss, religious or cultural background.

This information will all be kept confidential if you so desire.

FEES POLICY

I understand that nursery fees are payable weekly in advance.

If I have booked a regular place at nursery I am liable for the weekly fees in order to keep the place open.

I must give at least 4 weeks notice (or fees) if leaving nursery during term time.

Parental / Carer Declaration / Contract
 I / we confirm that the information provided is correct and I agree to pay nursery fees in full.

Signed..... Date.....

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