Class				



Page 1

Brenchley Pre-School Limited Child Profile

Child's Name		
Copy of Birth Certificate Attached (This will returned once your shild joins us)	Yes	No

Copy of Birth Certificate Attached	Yes	No
(This will returned once your child joins us)		
Is your child eligible for FF2 (Free for Two Funding)	Yes	No
*(Universal Credit)		
Is your child eligible for Early Years Pupil Premium (EYPP)	Yes	No
*(Universal Credit)		
Will your child be accessing the Government 15 hour funding	Yes	No
Will your child be accessing the Working Parent Entitlement Funding	Yes	No
Does your child attend another Nursery/Setting?	Yes	No
Have they recently left another setting?	Yes	No
No was of Calling		
Name of Setting		

Office Use Only

Allergies	Medication
Ethnicity	Permissions
Date Birth Certificate Seen and by whom	Parent's Names
Birth Certificate Reference	
Setting	

Child's Details

Parent/Guar	dian 1	Parent/Guardia	n 2
-	estivals or special occasions cele ike to see acknowledged and c	-	ır child will be taking part in
What language(s) are spoken at home	Family Connections (cul Welsh grandparents)	tures in your child's life – eg
Religion		Ethnic Origin	
		Telephone No	
Address		Postcode	
A 1.1		Gender	
Forenames		Date of Birth	
Surname		Preferred Names(s)	

Title				Title			
Forename				Forename			
Surname				Surname			
Address if				Address if			
different to				different to			
child				child			
Postcode				Postcode			
Tel (home)				Tel (home)			
Tel (work)				Tel (work)			
Mobile				Mobile			
Email				Email			
Occupation				Occupation			
Does child live person	with the named	Yes	No	Does child I person	ive with the named	Yes	No

Does this perso responsibility	on have parental	Yes	No		oes this personesponsibility	n have parental	Yes	No
Collection	Details for	•••••	••••••	••••	••••••	••••••	Page 3	
_			Pas	SSW	ord			
Please nomi	nate an Emerg	gency	Contac	t				
Name:		•••••	• • • • • • • • • • • • • • • • • • • •	•••	•	Contact no	•••••	•••••
People who	o may collec	t you	r child					
	v the people that the over 18 years of	-	=		=	ur child. Please not nsibility.	e authori	ised
	Photo					Photo		
Forename					Forename			
Surname					Surname			
Telephone No					Telephone N	0		
Relationship to child					Relationship to child			
	Photo	7		•		Photo		
	•							
Forename					Forename			
Surname					Surname			
Telephone No					Telephone N	О		

Relationship				Relationship		
to child				to child		
/ledical i	ntorma	ition for	• • • • • • • • • • • • • • • • • • • •	••••••	•••••	Page 4
P Details						
Name Of Docto	or	Practice	Α	ddress	Telep	hone Number
		<u> </u>				
ealth Visito	r•					
/accinations	and Imm	 unisations				
. acciniations	, and mill					
Other Medic	ation Info	rmation				
Allergies						
_						
						Signed
an we admi	nister Boo	ts Soltan hypoall	lergenic s	uncream?	YES/NO	
		e apply Sudocrer			YES/NO	
an emerge	IICY CAII W	c apply suducter	пиарру	LI CAIII	I ES/ NO	
Notam - Data	ile					
Dietary Deta	IIIS					

Permission Information for						
Please read the following statements carefully. Please sign next agreement. If you do NOT agree to any item, please write PERM space provided for your signature						
I Accept the place for my child	Signature					
Preschool Membership I confirm my application for membership of Brenchley Preschool Limited, which i/we understand is a Registered Charity No: 1103545 established as a company limited by guarantee I agree to be bound by the Memorandum and Articles of Association of	Signature					
Brenchley Preschool Limited until such time as my child leaves preschool.	C:					
Accidents and/or Emergencies In the event of an accident I give permission for Brenchley Preschool to administer First Aid. Should further medical assistance be required an ambulance will be called. I am also in agreement for my child to receive treatment including anaesthetic. If my child has severe nappy rash, as an emergency I agree to Sudocrem being applied	Signature					
Sharing Information I agree that the Preschool can share information about my child with other Settings/child minders/carers and other agencies.	Signature					
Photographs I give permission for my child to be photographed and for them to be uploaded onto Tapestry	Signature					
I give permission for my child to be photographed and for them to be used by the preschool in displays within the preschool.						
I give permission for my child to be photographed (no name) and for them to be used in the local magazine/newspaper/our private Facebook page and our own website						
Specialist Teaching Service/Health Visitors The role of the Specialist Teacher (early Years SENCO/Health Visitors) is to assist and advise the staff to support all children in the setting. From time to time we may need to speak to them about your child.	Signature					
Outings I give permission for Brenchley Preschool to take my child on short outings (local amenities)	Signature					

Preschool Rules	Signature
I confirm I have read and understood the Preschool Rules	