**Children details**

|  |  |
| --- | --- |
| **Name of child** |  |
| **Date of Birth**  |  |
| **Home Address**  |  |
| **Ethnicity**  |  |
| **Nationality** |  |
| **Languages spoken at home**  |  |
| **Details of any SEND Needs or Disabilities**  |  |
| **Start date:**  |  |

**Parental 1 detail’s:**

|  |  |
| --- | --- |
| **Name & Title**  |  |
| **Home Address:** |  |
| **Contact Number 1:**  |  |
| **Work address:**  |  |
| **Contact Number 2:**  |  |
| **Email:**  |  |
| **Responsibilities**  | **Parental responsibility Payment of fees**  |

**Parental 2 Details:**

|  |  |
| --- | --- |
| **Name & Title**  |  |
| **Home Address** |  |
| **Contact Number 1:**  |  |
| **Work Address:**  |  |
| **Contact Number 2:**  |  |
| **Email:**  |  |
| **Responsibilities**  | **Parental responsibility Payment of fees**  |

**Emergency Contacts (This needs to be different to parent’s info):**

**Emergency Contact 1:**

Name: …………………………………………………………………………..

Relation to Child: …………………………………………………………

Mobile Number: …………………………………………………………..

Secondary Contact Number: ……………………………………..

Email address: ………………………………………………………………………………………………………………………………………………………………

Home address: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Password: ……………………………………………………………………………………………………………………………………………………………………..

***Authorised to collect child: Y/N***

**Emergency Contacts (This needs to be different to parent’s info):**

**Emergency Contact 2:**

Name: …………………………………………………………………………..

Relation to Child: …………………………………………………………

Mobile Number: …………………………………………………………..

Secondary Contact Number: ……………………………………..

Email address: ………………………………………………………………………………………………………………………………………………………………

Home address: ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

Password: ……………………………………………………………………………………………………………………………………………………………………..

***Authorised to collect child: Y/N***

**Medical Details:**

|  |  |
| --- | --- |
| **GP Name:**  |  |
| **Surgery Name & Address:**  |  |
| **Surgery Number:**  |  |
| **Any known allergies for your child:**  |  |

|  |  |
| --- | --- |
| **Dentist Name:**  |  |
| **Dentist Surgery Name & Address:**  |  |
| **Dentist Surgery Number:**  |  |

**Communication Plan**

Please tick method of communications regarding sharing information about your child both from nursery to home and home to nursery. Please tick all that apply with your preferred method at the bottom:

Face to face

Email

Telephone

WhatsApp

Famly APP

**Sessions Table**

**Do you require the sessions for Term-time only or All year round? (Please circle as appropriate)**

Please indicate your preferred sessions. (Non-Funded- Sessions) advance monthly invoice will be calculated and sent via preferred email and must be paid before your child starts.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Session | **Mon**  | **Tues** | **Wed** | **Thurs** | **Fri**  |
| **Paying Sessions** |  |  |  |  |  |
|  **Full day 8.00am-6pm** |  |  |  |  |  |
| **Morning 8.00am 13:00pm** |  |  |  |  |  |
| **Afternoon 1pm-18:00pm** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Funded sessions | **Mon**  | **Tues** | **Wed** | **Thurs** | **Fri**  |
| **Full day****8.30am-4pm****(AM snack/lunch/ PM snack)** |  |  |  |  |  |
| **Morning: 8:30-11.30pm (include AM snack)** |  |  |  |  |  |
| **Morning: 8:00am-13:00pm (include AM snack/lunch)** |  |  |  |  |  |
| **Afternoon****1pm – 4pm** **(include PM snack)**  |  |  |  |  |  |

--------------------------------------------------------------------------------------------------------------------------------------------------------Office use only

Input into nursery administration system (tick when complete on (date) ……......

Input by …………………………………………………………………………… Position ………………………………………………………………..

Actual start date ………………………………………………………………………………

Manager’s signature………………………………………………………………………..