Holiday Club New Starter Form

Child's Details

Child's Name:	Date of birth:		
Address:	Languages spoken at home:		
Adults with Parental Responsibility			
1 st Parent/Carer's Name:	2 nd Parent/Carer's Name:		
Telephone number:	Telephone number:		
Email:	Email:		
Address: (if different from above)	Address: (if different from above)		
Relationship to child:	Relationship to child:		
Emergency contact			
(Please add an emergency contact that is not the			
1st Contact Name:	2 nd Contact Name:		
Telephone number:	Telephone number:		
Relationship to child:	Relationship to child:		

www.mimisnursery.co.uk

Mobile: 07535 472640 Email: <u>info@mimisnursery.co.uk</u> Ofsted URN 2696197



Medical Information

Does your child have any known Allergies or food requirements?	Yes() No()	If yes, please provide details:
Does your child have any medical conditions?	Yes() No()	If yes, please provide details:
Does your child take any r egular medication?	Yes() No()	If yes, please provide details:
Childs GP info		
Name:		Telephone number:
Address:		Any relevant additional information:



Parental Consent

Please check and confirm the statements below

I consent for the staff/first aiders at Mimi's Holiday Club to administer first aid, emergency medication and to contact emergency services immediately, should the need arise.
 I give permission for my child to be administered the following medication: Infant liquid Calpol Piriton Antihistamine Allergy Relief Syrup for children This medication will only be administered in the case of an emergency when
the parent/guardian and the emergency contact cannot be contacted. I give permission for my child to have sun cream applied as required in hot weather.
I give permission for the staff at Mimi's Holiday club to take my child on short trips/outings and where necessary to use public transport.
I give permission for my child to have their face painted.
Optional: I give permission for photographs of my child taken at Mimi's Holiday Club to be used for promotional material, such as our website/social media platforms.

Setting representative full name:	
Setting representative signature:	
Setting representative Date signed:	
Parent/carer's full name:	
Parent/carer's signature:	
Parent/carer's Date Signed:	

How did you hear about Mimi's nursery?