|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Details** | | | |
| **Forename** |  | **Surname** |  |
| **Address** |  | | |
| **Gender** |  | **Date of Birth** |  |

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| **Child’s home language** |  | | | | |
| **Does your child have any particular care requirements (e.g., allergies, disabilities, special physical conditions)?** | | | | | **YES/NO** |
| **If yes, please describe in detail** | |  | | | |
| **Sibling at Nursery** | | **Yes / No** | **If yes, name of sibling(s)** |  | |

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| **Parent/Guardian Details** | | |
|  | **Parent/Guardian 1** | **Parent/Guardian 2** |
| Name |  |  |
| Relationship to Child |  |  |
| Home Address |  |  |
| Home Telephone/Personal Mobile |  |  |
| Personal Email |  |  |
| Employer |  |  |
| Job Title |  |  |

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| **Requested sessions W/B 24/07/2023** | | | | | |
| **Preferred Sessions** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Full Day** |  |  |  |  |  |
| **Morning** |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |
| **Short Day** |  |  |  |  |  |

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| **Requested sessions W/B 31/07/2023** | | | | | |
| **Preferred Sessions** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Full Day** |  |  |  |  |  |
| **Morning** |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |
| **Short Day** |  |  |  |  |  |
| **Requested sessions W/B 07/08/23** | | | | | |
| **Preferred Sessions** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Full Day** |  |  |  |  |  |
| **Morning** |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |
| **Short Day** |  |  |  |  |  |

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| **Requested sessions WB 14/08/23** | | | | | |
| **Preferred Sessions** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Full Day** |  |  |  |  |  |
| **Morning** |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |
| **Short Day** |  |  |  |  |  |

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| **Requested sessions WB 28/08/2023** | | | | | |
| **Preferred Sessions** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Full Day** |  |  |  |  |  |
| **Morning** |  |  |  |  |  |
| **Afternoon** |  |  |  |  |  |
| **Short Day** |  |  |  |  |  |

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| **Consents** | | | | |
| Medical Treatment. - I hereby give the staff of Mother Hen Nursery to. | | | | |
| Administer Emergency 1st aid | YES |  | NO |  |
| Seek Emergency medical and dental attention.  including hospital treatment if it is deemed necessary | YES |  | NO |  |
| Administer Medication | YES |  | NO |  |
| To apply a plaster when necessary | YES |  | NO |  |
| To apply sun cream factor 30+. I understand that is my responsibility to provide sun cream hat and appropriate clothing during the summer months | YES |  | NO |  |
| Signature.......................................................................Date...................................... | | | | |

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| Outings- I hereby give the staff of Mother Hen Nursery to. | | | | | | |
| Take my child on local visits & outings | YES |  | NO | |  | |
| Travel on public transport | YES |  | NO | |  | |
| Signature.......................................................................Date...................................... | | | | | | |
| Photographs- I hereby give the staff of Mother Hen Nursery to. | | | | | | |
| Photograph my child and for those photographs to be used in my child’s file and displays around the nursery | YES |  | | NO | |  |
| Use photographs of my child taken at Mother Hen Nursery in another child’s file or diary (as a group) | YES |  | | NO | |  |
| Use photographs of my child in newsletters | YES |  | | NO | |  |
| Use photographs of my child in nursery website | YES |  | | NO | |  |
| Use photographs of my child in advertising purpose | YES |  | | NO | |  |
| Use photographs of my child for social media | YES |  | | NO | |  |
| Signature.......................................................................Date...................................... | | | | | | |

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| Sharing information -I hereby give the staff of Mother Hen Nursery to. | | | | |
| Share information about my child with other agencies such as: Speech and Language, Health Visitors, Special educational need support | YES |  | NO |  |
| **Please note staff will share information without consent if they are concerned about the welfare of the child**  Signature ….................................................................................Date............................................ | | | | |

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| **Ethnic origin** | | | | |
| White |  | Mixed | |  |
| British |  | White and black Caribbean | |  |
| Irish |  | White and black African | |  |
| Traveller |  | White and Asian | |  |
| Asian or Asian British |  | Indian | |  |
| Pakistani |  | Bangladeshi | |  |
| Kashmir |  | Black or black British | |  |
| Caribbean |  | Chinese | |  |
| **Work/training** | | | | |
| Children in lone parent family | | |  | |
| A parent working full time (35 hours +) | | | |  |
| A parent now working more than 16 hours | | | |  |
| A parent now working less than 16 hours | | | |  |
| A parent now in higher/further education | | | |  |
| A parent taking skills for life or step into learning | | | |  |
| Parent(s) are not working/training | | | |  |
| Financial support | | | |  |
| Parents access CTC | | | |  |
| Parents access WTC | | | |  |
| Parents access HE childcare access fund support | | | |  |
| Parents access Care 2 Learn support | | | |  |
| Place sponsored by regeneration scheme e.g., SRB | | | |  |
| Financial support from employer | | | |  |
| **Additional needs** | | | | |
| Cognition and learning difficulty | | | |  |
| Behaviour, emotional and social development needs | | | |  |
| Communication and interaction need | | | |  |
| Sensory and/or physical needs | | | |  |

I agree to pay for sessions in advance.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Parent name** | **Parent signature** | **Date signed** | **Parent name** | **Parent signature** | **Date signed** |
|  |  |  |  |  |  |