**Child Record Form**

Child’s full name

……………………………………………………………………………………………………….

Name child is known by

……………………………………………………………………………………………………….

Address where child is resident

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………….Post Code …………………………….

Telephone No ………………...................................................................................................

Child’s date of birth .……………………………………… Sex M / F………………………….

Nationality .……………………………………………………………………………………….. .

Child’s first language ………………………………………………………………………….

Religion ……………………………………………………………………………………………

**DETAILS OF PARENT/CARER(S)**

Parent/Carer Name……………………………………………………………………………….....

Home address (if different from child’s residence) ………………...……………………………………………………………………………………….

Post code ……………………………. Home Tel No ……………………………………………..

Mobile No…………………………….. Email address ……………………………………………

Place of work…………………………………………………………………………………………

Work address………………………………………………………………………………………...

Work No……………………………………………………………………………...Ext…………...

Parent/Carer Name……………………………………………………………………………….....

Home address (if different from child’s residence) ………………...……………………………………………………………………………………….

Post code ……………………………. Home Tel No ……………………………………………..

Mobile No…………………………….. Email address ……………………………………………

Place of work…………………………………………………………………………………………

Work address ………………………………………………………………………………………..

…………………………………………………………………………………………………………

Work No……………………………………………………………………………...Ext…………...

Who has parental responsibility?

Name: ………………………………………………………………………………………………..

Relationship to Child ……………………………………………………………………………….

Contact Details (if different from above) ……………………………………………………………………………

………………………………………………………………………………………………………………………………

Name: ………………………………………………………………………………………………...

Relationship to Child ………………………………………………………………………………..

Contact Details (if different from above) ……………………………………………………………………………

…………………………………………………………………………………………………………

Legal Contact Information if applicable……………………………………………………………

(Childcare provider to have a copy of any such orders)

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| **Contact Details and Consent for collection**  I understand that if I am unavailable to collect my child I will notify the childcare provider of the person authorised to collect them. I understand that if any person attempting to collect my child is not listed below the childcare provider WILL NOT release my child without seeking my permission.  Name …………………………………………Tel No………………………………………………..  Address ………………………………………………………………………………………………..  …………………………………………………………………………………………………………..  Name …………………………………………Tel No………………………………………………..  Address ………………………………………………………………………………………………..  …………………………………………………………………………………………………………..  Name …………………………………………Tel No………………………………………………..  Address ………………………………………………………………………………………………..  …………………………………………………………………………………………………………..  Password to be used by the authorised people *(this will confirm identification if person is not already known to the childcare provider).* ……………………………………………………………………………………………… |

Place photographs here of persons authorised to collect your child.

Alternative Contact Details if Parent/Carer(s) are unattainable

Name ………………………………………… Relationship to child …………………………..

Tel No………………………………………………………………………………………………

Address ……………………………………………………………………………………………

………………………………………………………………………………………………………

Name ………………………………………… Relationship to child …………………………..

Tel No………………………………………………………………………………………………

Address ……………………………………………………………………………………………

………………………………………………………………………………………………………

Name ………………………………………… Relationship to child …………………………..

Tel No………………………………………………………………………………………………

Address ……………………………………………………………………………………………

………………………………………………………………………………………………………

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| **Details of Family Doctor and Health Visitor**  Doctor Name …………………………………………………………………………………………………………  Doctor Address …………………………………………………………………………………………………………  …………………………………………………………………………………………………………  Tel No ….…………………………………………………………………………………………….  Health Visitor Name (if applicable) …………………………………………………………………………………………………………  Health Visitor contact details ………………………………………………………………………  Tel No ………………………………………………………………………………………………. |

|  |  |
| --- | --- |
| **Immunisations**  Please list all immunisations that your child has received and the dates they were given.  **Immunisation**  **Date given**  ……………………………………………………………………………………………………………  ……………………………………………………………………………………………………………  ……………………………………………………………………………………………………………  ……………………………………………………………………………………………………………  ……………………………………………………………………………………………………………  ……………………………………………………………………………………………………………  ……………………………………………………………………………………………………………  ……………………………………………………………………………………………………………  …………………………………………………………………………………………………………… | |
| **Please list any allergies, medical conditions or special dietary needs:**  Is your child allergic to anything? .............................................................................................  Has your child had any major illnesses / operations? ..............................................................  Has your child been in hospital recently? ………………………………………………………….  Has your child any on-going health problems? …………………………………………………… |

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| **Please list any other relevant information**  i.e. other spoken languages, comforters, special routines etc.  **Please list any special requirements**  i.e.about religious observance, food, clothing, health or other matters which should be observe whilst in the care of the childcare provider. |

**Parent/Carer(s) should notify the childcare provider of any changes to these details on this form as soon as possible.**

Parent/Carer(s) signature ……………………………..…….. Date ……………………………..

Parent/Carer(s) signature ……………………………..…….. Date ……………………………..

**Emergency Back-up Arrangements**

In the event of an accident or other emergency involving myself (the registered childcare provider), my children or a child in my care, the following arrangements are in place to care for your child. I will leave your child (where possible) with one of the responsible adults listed below. If you are contacted by me or one of these people you will be required to collect your child as soon as reasonably practicable.

I will ensure that the children are familiar with this person(s) as soon as possible.

Emergency Back- up’s details:

Name: JO MOREY (CHILDMINDER) Tel: 07473 123259

Address: 4 SAXON CLOSE HIGHAM FERRERS NN10 8NT

Name: VICKI PERRY (CHILDMINDER) Tel: 07963 089062

Address: 17 LARKHILL RUSHDEN

Name: KATE MITCHELL (MY MUM) Tel: 07854653009

Address:103 WELLINGBOROUGH RD RUSHDEN

I/We hereby give permission for you to give the above emergency back-up person(s) a list of my/our telephone numbers and names so that s/he may contact us in an emergency.

Parent/Carer Signatures(s): …………………………………………………………

Date: …………………………………………………………………………………...