



Applying for our nursery at: <b>Whalley Range</b> <input type="checkbox"/> <b>Hale</b> <input type="checkbox"/> <b>Gatley</b> <input type="checkbox"/> <b>Congleton</b> <input type="checkbox"/>	Office use
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## Child personal records

Forename					Preferred name					
Surname					DoB			Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>
Address							Post Code			
							Telephone (landline)			
Primary e-mail address							Religion			
Start date					First language					
Dates attending nursery	Mon am <input type="checkbox"/> pm <input type="checkbox"/>	Tue am <input type="checkbox"/> pm <input type="checkbox"/>	Wed am <input type="checkbox"/> pm <input type="checkbox"/>	Thu am <input type="checkbox"/> pm <input type="checkbox"/>	Fri am <input type="checkbox"/> pm <input type="checkbox"/>					

## Parents/Carers record

Forename			
Surname	I'm the priority contact <input type="checkbox"/>		
Work address			
e-Mail address			
Mobile			
Work telephone			

Forename			
Surname	I'm the priority contact <input type="checkbox"/>		
Work address			
e-Mail address			
Mobile			
Work telephone			

## Parental responsibility & Legal contact

Please, state who has parental responsibility and legal contact with your child	Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>
Child lives usually with	Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/>
Specify "other" if it is the chosen option	

## Emergency contact details & Collection

We contact first the priority contact and then the other parent; however, in the event of being unable to get hold of both, we will phone the emergency contact.

<b>Full name</b>	
<b>Relationship</b>	
<b>Address</b>	
<b>Mobile</b>	
<b>Home telephone</b>	
<b>Work telephone</b>	

<b>Collection</b>
Please, identify the authorised people to collect your child; please note that only a person aged above 16 years old can do so.
<b>Password for collection</b>

## Ethnic origin

White <input checked="" type="checkbox"/>	Mixed <input checked="" type="checkbox"/>	Asian or Asian British <input checked="" type="checkbox"/>	Black or Black British <input checked="" type="checkbox"/>	Other Ethnic Groups <input checked="" type="checkbox"/>
British <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Irish <input type="checkbox"/>	White and Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>
Any other White background <input type="checkbox"/>	White and Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any other Black background <input type="checkbox"/>	Abstain from stating <input type="checkbox"/>
	Any other mixed background <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>		

## GP details

<b>GP full name</b>	
<b>Address</b>	
<b>Telephone</b>	

## ■ Details of previous health & Medical history

Record of previous immunisations and infectious diseases	
Allergies (food or other)	
Details of procedures prohibited for medical, religious or	
Any other special requirements	
Any special circumstances when parents/carers are to	
Any other medical conditions we should be aware of?	
Any other special requirements (i.e. summer skin care)	
Can your child drink cow's milk?	
Is your child on formula if so which one?	
Is your child comfortable with all nappy brands?	

## ■ Parent consent form

I give the nursery my permission for the following:	YES	NO
To take my child to <b>hospital</b> in the event of an emergency	<input type="checkbox"/>	<input type="checkbox"/>
To administer <b>calpol</b> in the case of a high temperature	<input type="checkbox"/>	<input type="checkbox"/>
To administer <b>life preserving</b> medicine upon my request	<input type="checkbox"/>	<input type="checkbox"/>
To apply <b>teething gel, powders or nappy cream</b> if necessary	<input type="checkbox"/>	<input type="checkbox"/>
To apply <b>suncream</b> when necessary	<input type="checkbox"/>	<input type="checkbox"/>
To take my child to the <b>local park</b>	<input type="checkbox"/>	<input type="checkbox"/>
To take my child to the <b>library</b>	<input type="checkbox"/>	<input type="checkbox"/>
To take my child to the <b>shops and post box</b>	<input type="checkbox"/>	<input type="checkbox"/>
To take my child in <b>educational excursions</b>	<input type="checkbox"/>	<input type="checkbox"/>
To use <b>local transport</b>	<input type="checkbox"/>	<input type="checkbox"/>
To <b>photograph and video</b> my child in play activities for use within the nursery	<input type="checkbox"/>	<input type="checkbox"/>
To use <b>photographs</b> of my child on the nursery <b>website</b>	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for my <b>child's developmental records</b> and <b>personal files</b> to be shared with other educational agencies/third parties (e.g. OFSTED, advisory teachers and alike) if/when necessary	<input type="checkbox"/>	<input type="checkbox"/>



## ■ Dietary Requirements

*Soya products are only given as an alternative to children who are vegetarian or dairy free. Meal ingredients are adapted according to cultural dietary needs.*

Food likes	Food dislikes	Food intolerances	Special dietary requirements

## ■ Daily Routine

*Please give details of your child's typical daily routine, including mealtimes, sleep times, active times and quiet times.*

7:00 am	
7:30 am	
8:00 am	
8:30 am	
9:00 am	
9:30 am	
10:00 am	
10:30 am	
11:00 am	
11:30 am	
12:00 pm	
12:30 pm	
1:00 pm	
1:30 pm	
2:00 pm	
2:30 pm	
3:00 pm	
3:30 pm	
4:00 pm	
4:30 pm	
5:00 pm	
5:30 pm	
6:00 pm	

**Any additional information:**

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■ Your child interests

<b>What does your child enjoy?</b>	
<b>What are your child's diskies?</b>	
<b>What is your child's favourite rhymes/songs/books?</b>	
<b>Does your child have a comforter?( i.e dummy, teddy, cloth)</b>	
<b>Any other details which you think may help us to settle your child in?</b>	

Is your child attending any other setting (e.g. nursery/childminder)? **Yes**  **No**

**If yes, please state name and time period:**

Parent/Carer name (capitals):

Signature:

Date: