

DEPOSIT PAID € \_\_\_\_\_

PRE-MONT

MONT

**Child's Record:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_



Mobile Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

Home Tel No: \_\_\_\_\_

Male  or Female

Parent's First Language: \_\_\_\_\_

Child's First language: \_\_\_\_\_

Date of Commencement: \_\_\_/\_\_\_/\_\_\_

Date Ceased Attending: \_\_\_/\_\_\_/\_\_\_

**Parent/ Guardian:**

Name: \_\_\_\_\_ Name : \_\_\_\_\_

Workplace Address: \_\_\_\_\_

Workplace Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Contact Phone: \_\_\_\_\_

Work Contact Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_

Work Email: \_\_\_\_\_

Home Address (If different from the child's address above):

\_\_\_\_\_

Who does the child live with?

\_\_\_\_\_

Nominated people to collect my child:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Phone No: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

*DATE FORM SUBMITTED* \_\_\_\_\_



**Personal Details:**

Family Doctor: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_

Immunisation Record: *(Please enter date into box)*

B.C.G	Diphtheria	Tetanus	Whooping Cough	Polio	HIB	MMR	Meningitis C	HIB Booster

**Special / Additional needs:**

Does your child suffer from any medical conditions or allergies? Yes  No

Details / Special Requirements if any:  
\_\_\_\_\_

Does your child suffer from any physical disabilities? Yes  No

Details / Special Requirements if any:  
\_\_\_\_\_

Does your child suffer from any hearing and / or speech difficulties? Yes  No

Details / Special Requirements if any:  
\_\_\_\_\_

Does your child have any specific dietary requirements? Yes  No

Details:

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Does your child use 'pet' language for special comfort toys? \_\_\_\_\_

Please list names of siblings and/or close personal relationships in your child's life: \_\_\_\_\_

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Additional information or concerns that might help us to get to know your child better: \_\_\_\_\_

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Please feel free to provide additional notes on separate sheets if there is not enough space above.

Additional sheets included? Yes  No

## **Parental Consent Form: Please read each consent carefully before signing**

### **1. Emergency Medical Care**

I understand that every effort will be made to contact the named guardian or other next-of-kin in the event of an emergency requiring medical attention. However, if none of these can be contacted I hereby authorise the nursery to transport my child to the House Doctor's Surgery or to the appropriate hospital as necessary and to secure the necessary medical treatment for my child.

Parent / Guardian's Signature: \_\_\_\_\_

### **2. First Aid**

I authorise the Childcare Practitioners that are trained in First Aid, to give my child First Aid when appropriate. I consent to teething gels and temperature control medication (Calpol / Nurofen) being given as appropriate. N.B. Parents will always be informed when medication has been administered to their child.

Parent / Guardian's Signature: \_\_\_\_\_

### **3. Trip / Outing / Walking Permission**

I authorise that my child may be taken on any walks/outings that may be planned. I understand that all necessary precautions will be taken to ensure my child's safety.

Parent / Guardian's Signature: \_\_\_\_\_

### **4. Photo and Video Permission**

I give permission for my child's photograph or video to be taken and used within the nursery as outlined in Policies and Procedures document.

Parent / Guardian's Signature: \_\_\_\_\_

### **5. Student Observation Permission**

From time to time throughout the year, students will be visiting the setting and observing children as part of their course. These observations are vital to ensure that theory is backed up by actual experience. Students will never have unsupervised access to the children during their time in our early years service.

Parent / Guardian's Signature: \_\_\_\_\_

### **6. Access to Animals / Insects**

I give permission for my child to be in contact with or have supervised access to animals or pets.

Parent / Guardian's Signature: \_\_\_\_\_

### **7. Sun Cream Permission**

I give permission for the application of sun cream to my child as outlined in the Sun Protection Policy.

Parent / Guardian's Signature: \_\_\_\_\_

### **8. Parent / Nursery Childcare Declaration**

I have read and understand the policies referred to above. I will notify staff of any changes to any of the details in this form.

Parent / Guardian's Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_

## **SESSION REQUIRED**

Please tick appropriate box

### **Montessori / Pre-Montessori:**

9.00 – 12.00

9.30 – 12.30

10.00 – 1.00

1.30 – 4.30 pm

Additional Comments:

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