

**Child’s Personal Record**

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| **Name:** | **M/F:** |
| **Date of Birth:** | **Age:** |

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| **Home Address:** **Post Code:** |
| **Telephone No:** |
| **Email address:** |

|  |  |
| --- | --- |
| **Parent/Carer****Name:** | **Parent/Carer****Name:** |
| **Work Address:** | **Work Address:** |
| **Tel No:** | **Tel No:** |
| **Mobile:** | **Mobile:** |

**Emergency contact if different from above:**

|  |  |
| --- | --- |
| **Name:** | **Relationship:** |
| **Address:** |
| **Telephone No:** |

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| **People authorised to collect the child:****\* \*****\* \*** |

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| **G.P Name:****Address:** |
| **Telephone No:** |
| **Details of any health problems:**  |
| **Record of previous immunisations and infectious diseases:** |
| **Allergies** |
| **Special dietary requirements:** |

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| **Other special requirements :**  |
| **Other settings attended (please state)**  |

**\* I give permission for the nursery to administer infant paracetamol (Calpol) in**

|  |  |
| --- | --- |
| **Yes:**  | **No:** |

**the event of my child developing a high temperature, if parents/carers cannot be contacted.**

**\* I give permission for the nursery to apply sun cream (Nivea) to exposed areas of skin.**

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| --- | --- |
| **Yes:**  | **No:** |

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| **Yes:**  | **No:** |

**\* I give permission for the nursery to use play photographs, which include my child, for display purposes such as parents evening, in newsletters, and on the nursery web site & facebook page.**

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| --- | --- |
| **Yes:**  | **No:** |

**\* I give permission for the nursery to share information about my child with other relevant professionals (ie health visitors, primary school, other settings attending etc)**

**\* I give permission for my child to have their face painted at nursery using hypo-allergenic face paints for specials occasions such as Halloween, Christmas, Children in Need etc**

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| **Yes:**  | **No:** |

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|  **Details of any procedure prohibited for medical, religious or other reasons:** |
| **Religion:** | **Ethnic origin:** |

**Sessions required, please tick: Preferred Start Date: …………………………………..**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day** | **Mon****am** | **Mon****pm** | **Tues****am** | **Tues****pm** | **Wed****am** | **Wed****pm** | **Thurs****am** | **Thurs****pm** | **Fri****am** | **Fri****pm** |
|  |  |  |  |  |  |  |  |  |  |  |

**Signed: …………………………………………………………….. Date: ……………………………………………………….**

**Please return booking form with £100 (card payments or cash only)**

**(The deposit is not refundable if your child does not take up his/her booked place)**

**Nursery Rhymes Day Nursery, Kidnappers Lane, Cheltenham, Gloucestershire, GL53 0NR**

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**Web: www.nurseryrhymesnursery.co.uk**