

**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:** |

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

**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:** |

**\* I give permission for the nursery to use play photographs, which include my child, for display purposes such as parents evening.**

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

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

**\* I give permission for the nursery to use play photographs, which include my child, in newsletters, and on the nursery web site.**

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

**\* I give permission for the nursery to share information**

**about my child with other relevant professionals (i.e. health visitors, primary school, other settings attending etc.)**

**\* I give permission for the nursery to use play photographs, which include my child, for the nursery social media accounts (Instagram & Facebook) – all photos added to social media do not include children’s faces as we like to share the experiences we provide for you all to see but don’t believe in sharing photos of the children’s faces on social media)**

|  |  |
| --- | --- |
| **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 bank transfer 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**