



Telephone Number – Home	<input type="text"/>
Mobile	<input type="text"/>
Work	<input type="text"/>
Email Address	<input type="text"/>
Relationship to child:	<input type="text"/>
Do you have parental responsibility:	Yes / No

<b>Parent(s) Details continued</b>
Please indicate if there are any custody issues that we need to be aware of. Please supply a copy of the legal documents pertaining to these arrangements. E.g. Does your child only live with one parent? Are you a child's legal guardian? Are there any legal access arrangements that we need to be aware of?
<input type="text"/>

<b>Emergency Contact Details</b>			
<b>Name</b>	<b>Relationship to child</b>	<b>Telephone Number(s)</b>	<b>Authorised to Collect Child</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes/No
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes/No
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes/No
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes/No
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes/No
<b>Password</b>			
Please provide a password that you would like us to use if your child is collected by someone different.		<input type="text"/>	
<input type="text"/>		<input type="text"/>	

**Medical Information**

Name Of Doctor

Doctors surgery and address:

Telephone Number of surgery

Please give details of any medical or health needs e.g. inhalers, allergies, special dietary requirements, medical conditions etc

**Name of Health Visitor & Address  
Telephone number**

Has your child had a 2 year old check with a health visitor

YES/NO

Vaccinations received  
(please tick)Diphtheria  
Whooping Cough  
Tetanus  
Polio  
HibsMeasles  
Mumps  
Rubella  
MMR

I give my consent for information and documentation to be shared with my health visitor, including the assessment for the 2 year old check. We have regular meetings with health visitors to support you and your family e.g. speech therapy referral.

Signed

Date

**First Aid**

In the event of an emergency I/We give my/our consent for my/our child to be given medical/ first aid treatment and/ or to be taken to hospital

Signed

Date

**To Administer Paracetamol Suspension**

In the event of an emergency I/We give my/our consent for my/our child to be given Paracetamol Suspension.

Signed

Date

**Application of creams**

I give my permission for creams (supplied by me) to be applied by the children's centre staff as required e.g. sun cream, nappy cream

Signed

Date

## Application of Face Paint

I give my permission for Face Paint to be applied by the children's centre staff as required.

Signed

Date

## Special Needs:

Newdale Nursery has Special Educational Needs Policy.

Does your child have any special needs that you would like to discuss with staff?

## NOTIFICATION OF ILLNESS

Newdale Nursery must be notified if your child is unwell and will not be attending. If the condition is an infectious illness the nursery must be made aware.

Staff have the right to exclude a child if it is deemed necessary to prevent infection of others.

**I will notify the nursery if my child is unwell and understand that the staff can exclude my child if deemed necessary**

**Parent/Carer Signature Required:**

**Date:**

## Child Protection

As childcare professionals, the staff at Newdale Nursery have a duty to report any suspicions of abuse or neglect of children in their care to the Safeguarding Helpdesk.

I understand that if the staff at Newdale Nursery suspects that any child in their care may have been abused or neglected, they have a duty to report to the Safeguarding Helpdesk.

Parent/Carer Signature Required:

Date:

## Social care

If your child has a social care worker for any reason, please provide their name, contact details and provide details of their involvement in the case. Please note: If your child has a protection plan, please state this below but you should not disclose specific details about this on this form.

**Support**

Has your child been referred for hearing loss/sight/other? Please provide details below: Yes/No

Are you receiving any other help or support? e.g. child and family services, home start, integrated children's services, princess royal assessment group. Please provide details below: Yes/No

**Photography Permission**

I/We give my/our permission for photographs to be taken of my child to use

For use within the centre (e.g profiles, displays, observations, )	Yes / No
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For use within the external media (e.g shropshire star)	Yes / No
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For use on nursery facebook/twitter/school website	Yes/No
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School Photographs – Individual and class photos	Yes/No
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When taking photographs of my child at the nursery, where these contain other children who attend the nursery I promise that these are for my personal use and agree not to publish on the internet and social websites, without first obtaining explicit agreement from the parents/ guardians of the children included in the photograph.

Signed

Date

Special events, other people taking photos of my child i.e. Christmas, School photographs.

Signed

Date

**Consent to 'Parent Share'** feature in Evidence Me enables you to view reports (complete with photo's) via the app or web suite, showing you what your child has been learning and the new skills they are developing.

Please visit <http://help.evidence.me/parent-share/help-for-parents/> and add your email address below: to receive a Parent Share invitation.

Email address:

I/We consent for photographs that my child may appear alongside or in the background of with other children being shared.

Signed

Date

**Centre Activities**

I/We give my/our consent to my child taking part in normal centre activities, which are organised to take place outside the centre; on the understanding that I will be told in advance of the activity.

Signed

Date

**Forest School**

I/We give my/our permission for my child to take part in the Forest School activities.

Signed

Date

**Animals**

We sometime have animals come into the nursery ie visits for Exotic Zoo, Pets at Home, we ask for permission for your child to be able to stroke or hold the animals.

I/We give my/our permission for our child to take part in the above activity.

Signed

Date

**Your Child's Ethnicity**

Ethnicity Description	Code	Tick	Ethnicity Description	Code	Tick
Bangladeshi	ABAN		White and Black African	MWBA	
Indian	AIND		White and Black Caribbean	MWBC	
Any other Asian background	AOTH		Information Not yet obtained	NOBT	
Pakistani	APKN		Any other Ethnic group	OOTH	
Black –African	BAFR		Refused	REFU	
Black Caribbean	BCRB		White – British	WBRI	
Any other black background	BOTH		White – Irish	WIRI	
Chinese	CHNE		Traveller of Irish heritage	WIRT	
Any other mixed background	MOTH		Any other white background	WOTH	
White and Asian	MWAS		Gypsy / Roma	WROM	

**Cultural Information**

Are there any festivals or special occasions celebrated in your culture that you would like to see acknowledged within the centre

What language(s) is/are spoken in your home?

If English is not the main language spoken at home, will this be your child's first experience of being in an English speaking environment? **Yes/No**

**Early Years Pupil Premium Registration**

The information you provide in this form will be used by Telford & Wrekin Council to check for eligibility to claim additional grant money (the Early Years Pupil Premium) from central government. It will be used for no other purpose and will remain confidential.

Parent(s)/Carer(s) Details: If two people are maintaining a household as husband and the wife whether married or not, details are required from both people.

Title	Parent/Carer Surname	First Name	Date of Birth	National Insurance or NASS Reference Number										

- a. I agree that Telford & Wrekin Council may check any of the information on this form. I declare that the above details are true and I understand that any false or incorrect information could lead to funding being withdrawn.
- b. I agree that my information can be held on a Telford & Wrekin Council confidential database and will be shared with my local Children and Family locality Services Centre.
- c. I agree that my information can be held on a Telford & Wrekin Council confidential database and will be share with my local Children and Family Locality Services Centre.

**Parent/Carer**

**Parent/Carer**

Name:.....

Name:.....

Signature:.....

Signature:.....

Date:

Date:

**Change of Circumstances**

Please could you keep us informed of any changes in your child’s routine, which may affect their time at the Nursery. This includes their health and any family circumstances, no matter how minor. All information will be dealt with in a sensitive manner.

I will keep the nursery informed of any changes to my child’s health, etc. at all times.

**Parent/Carer Signature Required:**

**Date:**