

Heaton Dene Nursery School



Child's Name:

Date of Birth:

Sex:

Ethnic origins:

Child's First Language:

Special Needs:
Yes / No

Any access requirements:

Address:

Postcode:
Telephone Number:

I give permission for my child to travel on the minibuses with appropriate safety seating and belts:

Signature:

What days do you require?

When do you want your child to start?

Medical Information

Important medical conditions and any treatment necessary:

Injections received to date:

Child's Doctor:

Name:
Address

Tel No:

Child's Health visitor:

Name:
Address

Tel No:

Toilet Requirements:

Any special dietary requirements:

Child's Entry Record

Child's Name:

Names of parents/carers:

Work Address:

Telephone No:

Work No:

Mobile No:

Other people who can be contacted in an emergency

Name:	Relationship to child	Telephone Number

Named or legally allowed persons who may collect child

Name:	Relationship to child	Telephone Number

Please note that in any domestic dispute we are only allowed to release children to persons named on the birth certificate or have been notified of prior consent by someone on the birth certificate. WE MUST HAVE A COPY OF YOUR CHILDS BIRTH CERTIFICATE ON REGISTRATION FOR THIS REASON AND THAT OF THE GRANT SYSTEM FOR THREE YEAR OLDS.

I give my consent to the nursery seeking any professional medical advice required in an emergency until my arrival.

Signed:

I give consent to the use of calpol should my child require it in my absence:

Signed:

I understand that any carer who suspects that a child in his/her care may have been harmed or neglected has a duty to consult with the social services department and ACPC.

Signed: