

A: DETAILS AND HISTORY OF CHILD

Surname:		First Name:		Date of Birth																		
Known as:		Sex:		Nationality:																		
First Religion:		First Language:																				
DOCTOR	Name:		Tel No.																			
	Address:																					
		Email:																				
MEDICAL HISTORY	IMMUNISATION																					
	<p style="text-align: center;">Please advise if your child has been vaccinated against the following:</p> <table border="0"> <tr> <td>DTaP/IPV/Hib and Pneumococcal Conjugate vaccine {PCV}</td> <td style="text-align: right;">YES / NO</td> </tr> <tr> <td>DTaP/IPV/Hib and MenC</td> <td style="text-align: right;">YES / NO</td> </tr> <tr> <td>DTaP/IPV/Hib, MenC and PCV</td> <td style="text-align: right;">YES / NO</td> </tr> <tr> <td>Hib/MenC</td> <td style="text-align: right;">YES / NO</td> </tr> <tr> <td>MMR and PCV</td> <td style="text-align: right;">YES / NO</td> </tr> <tr> <td>DTaP/IPV or dTaP/IPV and MMR</td> <td style="text-align: right;">YES / NO</td> </tr> <tr> <td>Td/IPV</td> <td style="text-align: right;">YES / NO</td> </tr> <tr> <td>BCG</td> <td style="text-align: right;">YES / NO</td> </tr> <tr> <td>Hep B</td> <td style="text-align: right;">YES / NO</td> </tr> </table> <p>KNOWN ALLERGIES / SENSITIVITIES / INFECTIOUS ILLNESSES OR DISEASES: Please provide details:</p>					DTaP/IPV/Hib and Pneumococcal Conjugate vaccine {PCV}	YES / NO	DTaP/IPV/Hib and MenC	YES / NO	DTaP/IPV/Hib, MenC and PCV	YES / NO	Hib/MenC	YES / NO	MMR and PCV	YES / NO	DTaP/IPV or dTaP/IPV and MMR	YES / NO	Td/IPV	YES / NO	BCG	YES / NO	Hep B
DTaP/IPV/Hib and Pneumococcal Conjugate vaccine {PCV}	YES / NO																					
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DTaP/IPV or dTaP/IPV and MMR	YES / NO																					
Td/IPV	YES / NO																					
BCG	YES / NO																					
Hep B	YES / NO																					
FOOD	Food preferences:		Food dislike:																			
	Food intolerances / sensitivities:		Foodstuff forbidden by religion / culture:																			
SPECIAL RELIGIOUS OR CULTURAL NEEDS		OTHER SPECIAL NEEDS																				

B: DETAILS OF PARENTS / GUARDIAN / CARER

MOTHER OR CARER	Name:		Tel No.	{home}	
	Do you have Parental responsibility for this child? Yes / No		Mobile:		
	Address:				
		Mobile:			
		Email:			
	Workplace Address:				
	Occupation:		Email:		
Workplace Tel No:		Extension:			

FATHER OR CARER	Name:	Tel No. _____ (home)
	Do you have Parental responsibility for this child? Yes / No	Mobile: _____
	Address:	Mobile: _____
		Email: _____
	Workplace Address:	
	Occupation:	Email: _____
Workplace Tel No:	Extension: _____	

C: Emergency contact number {OTHER THAN Parent / Guardian / Carer}

CONTACT 1	Name:	Relationship to child: <small>DO YOU HAVE PARENTAL RESPONSIBILITIES FOR THE CHILD? YES / NO [PLEASE CIRCLE]</small>	
	Address:		
	Tel No: _____ mobile	Tel No: _____ mobile	
	Tel No: _____ home	Tel No: _____ work	
CONTACT 2	Name:	Relationship to child: <small>DO YOU HAVE PARENTAL RESPONSIBILITIES FOR THE CHILD? YES / NO [PLEASE CIRCLE]</small>	
	Address:		
	Tel No: _____ mobile	Tel No: _____ mobile	
	Tel No: _____ home	Tel No: _____ work	

To ensure that the well-being of the children in our care is safeguarded, we have strict policies covering certain aspects of child care. It would therefore be helpful if you would sign and date each section below in the spaces provided that will give us appropriate authorisations. This Form will be kept in a prominent position in your child's file. Thank you for your co-operation.

D: MEDICATION & MEDICAL HELP

<p>1. In the event of my / our child requiring a course of prescribed medication, I / we undertake to authorise this through the use of the Nursery's individual Medication Slip(s), as appropriate: Only prescribed medication with your child's name will be given.</p>	<p>Signature: _____ Date: _____</p>
<p>2. In the event of an accident, or my / our child requiring emergency medical treatment, I / we consent to a member of the Nursery staff to take the child to a GP, or hospital, as needed and sick medical advice or treatment:</p>	<p>Signature: _____ Date: _____</p>

E: TRIPS & OUTINGS

<p>I / we give consent to my / our child being taken out of the Nursery on day trips and outings:</p> <p>Signature: _____ Date: _____</p>

F: DROP-OFF & COLLECTION

The following people are authorised to drop my / our child off at the Nursery, and to collect him / her at the end of the Nursery session:

1. Name: _____ Relation to child: _____ TEL No _____
2. Name: _____ Relation to child: _____ TEL No _____
3. Name: _____ Relation to child: _____ TEL No _____
4. Name: _____ Relation to child: _____ TEL No _____

G: HUMAN RIGHTS

1. I / we understand that, on occasions, the activities programmes in the Nursery may involve my / our child's face being painted.

I / we give our consent to this:

Signature: _____ Name : (PRINT): _____ Date: _____

2. I / we give our consent to my / our child to be photographed to be used within the Nursery, Internet and leaflets for commercial purposes.

Signature: _____ Name : (PRINT): _____ Date: _____

3. I / we give our consent to my / our child to participate in Forest School activities on and off site.

Signature: _____ Name : (PRINT): _____ Date: _____

4. I am aware that Recorded CCTV is constantly in operation within the Nursery Premises.

Signature: _____ Name : (PRINT): _____ Date: _____

H: DECLARATION

I have read and agree to the Terms and Conditions for Nursery placement for my child. I enclose a cheque {made payable to Lily's Kids Klub} for £37.00 {nursery} or £19.00 {out of school care} in respect of the Registration Fee.

Signature: _____ Name : (PRINT): _____ Date: _____

How did you find out about this Nursery? _____

CHILD'S NAME:

COMPLETED BY:{name}{signature}{date}

NURSERY

{Please tick each relevant box}

Start Date:	Monday	Tuesday	Wednesday	Thursday	Friday
FULL DAY Time:					
MORNING Time:					
AFTERNOON Time:					

If the session you require is not listed, please see the manager.

BREAKFAST CLUB

{Please tick each relevant box}

Start Date:	Time:	Monday	Tuesday	Wednesday	Thursday	Friday

NAME OF SCHOOL YOUR CHILD ATTENDS:

CAN YOUR CHILD JOIN FRIENDS IN THE PLAYGROUND AT 8:45AM ? YES NO please tick

AFTER SCHOOL CARE

{Please tick each relevant box}

Start Date:	Time:	Monday	Tuesday	Wednesday	Thursday	Friday

NAME OF SCHOOL YOUR CHILD ATTENDS:

TEACHER:

WHAT TIME DOES YOUR CHILD'S SCHOOL FINISHES?

CLASS:

HOLIDAY PLAY SCHEME

{Please tick each relevant box}

	Monday	Tuesday	Wednesday	Thursday	Friday
WEEK 1					
WEEK 2					
WEEK 3					
WEEK 4					
WEEK 5					
WEEK 6	BANK HOLIDAY				

NAME OF SCHOOL YOUR CHILD ATTENDS:

CHILD'S NAME:

COMPLETED BY:{name}{signature}{date}

HALF-TERM **FEBRUARY**

{Please tick each relevant box}

	Monday	Tuesday	Wednesday	Thursday	Friday

NAME OF SCHOOL YOUR CHILD ATTENDS:

PLEASE OBTAIN ACTIVITY SCHEDULE

ALL CHILDREN ARE REQUIRED TO BRING OWN PACKED LUNCH. THEY WILL BE STORED APPROPRIATELY. FOOD CAN BE HEATED IN OUR MICROWAVE OVEN WHERE NECESSARY. UMBRELLA OR RAIN COAT SHOULD ALSO BE PROVIDED. FULL FEES ARE PAID FOR ALL SESSIONS BOOKED

EASTER **APRIL**

{Please tick each relevant box}

	Monday	Tuesday	Wednesday	Thursday	Friday

NAME OF SCHOOL YOUR CHILD ATTENDS:

PLEASE OBTAIN ACTIVITY SCHEDULE

ALL CHILDREN ARE REQUIRED TO BRING OWN PACKED LUNCH. THEY WILL BE STORED APPROPRIATELY. FOOD CAN BE HEATED IN OUR MICROWAVE OVEN WHERE NECESSARY. UMBRELLA OR RAIN COAT SHOULD ALSO BE PROVIDED. FULL FEES ARE PAID FOR ALL SESSIONS BOOKED

HALF-TERM **MAY**

{Please tick each relevant box}

	Monday	Tuesday	Wednesday	Thursday	Friday

NAME OF SCHOOL YOUR CHILD ATTENDS:

PLEASE OBTAIN ACTIVITY SCHEDULE

ALL CHILDREN ARE REQUIRED TO BRING OWN PACKED LUNCH. THEY WILL BE STORED APPROPRIATELY. FOOD CAN BE HEATED IN OUR MICROWAVE OVEN WHERE NECESSARY. UMBRELLA OR RAIN COAT SHOULD ALSO BE PROVIDED. FULL FEES ARE PAID FOR ALL SESSIONS BOOKED

HALF-TERM **OCTOBER**

{Please tick each relevant box}

	Monday	Tuesday	Wednesday	Thursday	Friday

NAME OF SCHOOL YOUR CHILD ATTENDS:

PLEASE OBTAIN ACTIVITY SCHEDULE

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