

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>Please advise if your child has been vaccinated against the following:</p> <table border="0"> <tr> <td>DTaP/IPV/Hib and Pheumococcal Conjugate vaccine {PCV}</td> <td>YES / NO</td> </tr> <tr> <td>DTaP/IPV/Hib and MenC</td> <td>YES / NO</td> </tr> <tr> <td>DTaP/IPV/Hib, MenC and PCV</td> <td>YES / NO</td> </tr> <tr> <td>Hib/MenC</td> <td>YES / NO</td> </tr> <tr> <td>MMR and PCV</td> <td>YES / NO</td> </tr> <tr> <td>DTaP/IPV or dTaP/IPV and MMR</td> <td>YES / NO</td> </tr> <tr> <td>Td/IPV</td> <td>YES / NO</td> </tr> <tr> <td>BCG</td> <td>YES / NO</td> </tr> <tr> <td>Hep B</td> <td>YES / NO</td> </tr> </table> <p>KNOWN ALLERGIES / SENSITIVITIES / INFECTIOUS ILLNESSES OR DISEASES: Please provide details:</p>					DTaP/IPV/Hib and Pheumococcal 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 Pheumococcal 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</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</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 could 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 in the setting 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 Day Cay Provision? _____

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:	Monday	Tuesday	Wednesday	Thursday	Friday
Time:					

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:	Monday	Tuesday	Wednesday	Thursday	Friday
Time:					

NAME OF SCHOOL YOUR CHILD ATTENDS:

TEACHER:

WHAT TIME DOES YOUR CHILD'S SCHOOL FINISHES?

CLASS:

6 WEEKS SUMMER HOLIDAY PLAYScheme
{Please tick each relevant box}

	Monday	Tuesday	Wednesday	Thursday	Friday
WEEK 1					
WEEK 2					
WEEK 3					
WEEK 4					
WEEK 5					
WEEK 6	CLOSED 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 **MARCH / APRIL**

{Please tick each relevant box}

	Monday	Tuesday	Wednesday	Thursday	Friday
WEEK 1:					
WEEK 2:					

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
	CLOSED BANK HOLIDAY				

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

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

Child's name..... Date of birth..... Start date.....

3 HALF DAY CARE		8:00 – 1:00 pm		please confirm days of attendance	
Days	Monday	Tuesday	Wednesday	Thursday	Friday
PLEASE TICK YOUR PREFERRED DAY/S					

3 HALF DAY CARE		1:00 – 6:00 pm		please confirm days of attendance	
Days	Monday	Tuesday	Wednesday	Thursday	Friday
PLEASE TICK YOUR PREFERRED DAY/S					

SESSIONAL		3 HOURS PER DAY 9:00 – 12:00pm		please confirm days of attendance	
Days	Monday	Tuesday	Wednesday	Thursday	Friday
PLEASE TICK YOUR PREFERRED DAY/S					

SESSIONAL CARE		3 HOURS PER DAY 1:00 – 4:00pm		please confirm days of attendance	
Days	Monday	Tuesday	Wednesday	Thursday	Friday
PLEASE TICK YOUR PREFERRED DAY/S					

Food provided by the setting at a weekly cost of £15.00 (paid monthly in advance) I will provide food for my child



Creating and Thinking Critically



Playing and Exploring



Achieve and Enjoy

**YOUR CHILD IS ENTITLED TO 15 HOURS A WEEK – 38 WEEKS PER YEAR.
PLEASE SEE OUR NEWSLETTER TO CONFIRM DATES YOUR CHILD WILL ATTEND EACH TERM.
THIS WILL USUALLY BE 13 WEEKS IN AUTUMN, 13 WEEKS IN SPRING AND 12 WEEKS IN SUMMER.**

Completed by..... Signature..... Date.....



Child's name

Date of birth Age.....

We provide 1 full day and 4 morning or afternoon sessions.

Please select your preferences. Start date.....

Full Day attendance – 08:00-18:00

Day	Monday	Tuesday	Wednesday	Thursday	Friday
PLEASE TICK YOUR PREFERRED DAY					

Full Day attendance – 08:00-13:00

Days	Monday	Tuesday	Wednesday	Thursday	Friday
PLEASE TICK YOUR PREFERRED DAY					

Half Day attendance – 13:00-18:00

Days	Monday	Tuesday	Wednesday	Thursday	Friday
PLEASE TICK YOUR PREFERRED DAY					

Food provided by the setting at a weekly cost of £15.00 (paid monthly in advance) <input style="width: 40px; height: 20px;" type="checkbox"/>	I will provide food for my child <input style="width: 40px; height: 20px;" type="checkbox"/>
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Please note that you will need to complete a new 30 hours form to make changes to the above schedule giving us 4 full weeks' notice.

Completed by: Signature..... Date.....