

May we contact them to share your child's achievements? Yes/No

Registration fee paid yes/no Deposit paid £..... Evidence seenRef No..... Medical history, except child hood illnesses ~ please list any disabilities/illnesses/birth history
1).....
2).....

Allergies ~ please list allergies including signs and symptoms to look for & medication required.
1).....
2).....

Dietary needs ~ please specify like/dislike, person preference or religious reason.
.....
Are you supported by outside professionals to help your child for example Speech and language therapy, physiotherapy, behaviour management, please give details
.....
.....

When was your child's last check up and what was the outcome? Continue overleaf if necessary.
Hearing Eye test.....
Developmental check Dietician

Other
Is your child potty trained? Yes/No
Does your child have any distinguishing marks? (ie Birth mark) Yes/No if yes please describe

Brief description of child eg temperament, appearance etc.
.....
Comments or suggestions regarding your child. Preferred names. Likes/dislikes/fears eg loud noises, dogs etc.

Any religious celebrations you would like us to celebrate with you?.....
Ethnic origin Religion
Languages Language spoken at home

Doctors name Tel no.
Address
Health visitor Tel no. Social worker:..... Tel no.....

Names of people who may collect your child and their relationship to them

Password for people collecting (**this is for your child's safety please state a password**).....

*please delete where appropriate
I ***consent/do not consent** to the nursery seeking any necessary emergency medical advice or treatment. I give consent for an anaesthetic to be administered (by a qualified practitioner) in an emergency if I cannot be contacted.

I understand that occasionally photographs of children participating activities are taken for the display work etc I ***agree/do not** agree.

Occasionally photographs maybe used for marketing purposes such as Online advertising, flyers, prospectuses and newspaper articles. I ***agree/do not** agree

I ***consent/do not** consent to my child attending the park, beach, library, duck pond and other local areas of interest etc for outdoor play ~ by foot.

I ***do/do not** give permission for staff to assist my child with applying sun cream provided by the nursery.

Occasionally for parties and special celebrations the children enjoy having their face or hands painted
I ***do/ do not agree** to my child's photo's being used on the nursery website/Facebook.

I **do/do not agree** To my child's photo's being used on the nursery's Facebook group.
I **would / would not** not like to purchase uniform for my child (T-shirt £6.50, Jumper £10, Hoody £11)

Signed Print Name
Parent/guardian..... Date

Please return either by hand or post to: Kiddies Corner Day Care, Herne Bay Football Club, Stanley Gardens, Herne Bay, Kent CT6 5SG
Updated; 30.09.16