



Child Information

Childs Full Legal Name: <i>(As shown on birth certificate)</i> Known As:	Date of Birth:	Sex:	Religion:
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First Language: Languages Spoken at Home:	Special Access Requirements?
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Please indicate your child's ethnicity:

White	Mixed	Asian or Asian British	Black or Black British	Chinese	Any Other Ethnic Background
British	White and Black Caribbean	Indian	Caribbean		
Irish	White and Black African	Pakistani	African		
Traveler or Irish Heritage	White and Asian	Bangladeshi	Any Other		
Gypsy/Roma	Any Other	Any Other			
Any Other					

Child's Home Address:

Post Code:

Who lives at home with the child?

Name	Relation	Age

Has the child attended or currently attending another setting? If so please give details.



Parent/Carer Information

Parent/Guardian 1 Name: _____ Date of Birth: _____
 National Insurance Number: _____ Email Address: _____
 Home Number: _____ Mobile Number: _____
 Work Number: _____
 Address if different to child: _____
 Work address: _____ Occupation: _____
 Parental Responsibility/Legal Guardian

Parent/Guardian 2 Name: _____ Date of Birth: _____
 National Insurance Number: _____ Email Address: _____
 Home Number: _____ Mobile Number: _____
 Work Number: _____
 Address if different to child: _____
 Work address: _____ Occupation: _____
 Parental Responsibility/Legal Guardian

Emergency Contacts

Please let us know of other people that may collect/drop off or be contacted in an emergency.

Name: _____ Relationship to child: _____
 Home Number: _____ Work Number: _____
 Mobile Number: _____

Name: _____ Relationship to child: _____
 Home Number: _____ Work Number: _____
 Mobile Number: _____

Name: _____ Relationship to child: _____
 Home Number: _____ Work Number: _____
 Mobile Number: _____

Please include labelled photographs of the above emergency contacts with this form (These can be emailed if easier)



Medical Information:

Child's Doctor: Child's Health Visitor:
 Surgery Name: Team (e.g. South Wye):
 Contact Number: Contact Number:

Does your child have any medical needs/conditions? **YES/NO** If so please give details

Does your child have any known allergies/intolerances? **YES/NO** If so please give details

Has your child has any serious injuries or illnesses? **YES/NO** If so please give details

Has your child ever been hospitalised? **YES/NO** If so please give details

Has your child had any surgery? **YES/NO** If so please give details

Is there anything else you think we may need to know about your child (Eating habits, behavioural etc)? **YES/NO** If so please give details

Immunisations

Please write the date received if already received

Diphtheria, Tetanus, Whooping Cough		Poliomyelitis	
Meningitis C		HIB	
Measles, Mumps, Rubella		Pneumococcal conjugate vaccine (PCT)	

Other Professionals

Has your child had contact with any of the following? If so please give details

Professional	Name/Contact Number	Professional	Name/Contact Number
Social Worker		SALT (Speech and Language)	
Visual Support		Hearing Impairment	
Family Worker		Pediatrician	
Portage Worker		Hospital Consultant	
Education Psychologicistic		Physiotherapist	
Specialist Nurse		Occupational Therapist	



Consent

I give consent for my child's photo to be taken during play to be used as part of the Learning Journey process in accordance with the Early Years Foundation stage and to be displayed throughout the setting.

Signature of Parent/Carer.....

Print Name.....

I give consent for my child to be given a plaster and antiseptic wipes to be used in the event of an accident.

Signature of Parent/Carer.....

Print Name.....

I give consent for the staff at Lake View Nursery Ltd to apply sun cream to my child when necessary. (Please note that sun cream is not provided by the nursery)

Signature of Parent/Carer.....

Print Name.....

I give consent for my child to receive any medical treatment which is urgently needed.

Signature of Parent/Carer.....

Print Name.....

I am aware that Lake View have a duty to safeguard children and promote their welfare by protecting them from harm or potential risk of harm. Therefore staff may be required to keep written records regarding my child or report their concerns.

Signature of Parent/Carer.....

Print Name.....

I give permission for the staff at Lake View nursery to make contact with other professionals involved with my child to work in partnership and provide holistic care.

Signature of Parent/Carer.....

Print Name.....

I sign to acknowledge that I have read and fully understand my terms and conditions.

Signature of Parent/Carer.....

Print Name.....



Session Availability

All Places are limited; Once you have returned your paperwork, a member of the management team will contact you to confirm your booking. Only once the **£75.00 deposit** has been paid will you place then be secured.

Please tick which sessions days your require.

Requested Start Date: *Please put your preferred start date.*

Attendance Option: *Please select TTO (Term-time only) if you'd prefer your child attend in school term only. Please select AY (All Year) if you'd prefer your child attend all year round. We are open 50weeks of the year, we close for 2weeks over Christmas.*

TTO

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Session	Monday	Tuesday	Wednesday	Thursday	Friday
Early 07:00-08:00					
Morning 08:00-12:00 (No Lunch)					
Add Lunch & Half Hour					
Afternoon 13:00-17:00 (No Lunch)					
School Day 08:45-15:45					
Full Day 08:00-17:00					
Long Day 07:00-18:00					
Late 17:00-18:00					