

Child's Information:			
Child's Full Legal Name: <i>(As shown on birth certificate)</i>	Date of Birth:	Sex:	Religion:
Known As:			
First Language: Languages Spoken at Home:	Special Access Requirements?		
Please indicate your child's ethnicity:			
Child's Home Address:			
Post Code:			
Who lives at home with the child? <i>Please include other children's ages</i>			
Has the child attended or are they currently attending another setting? If so please give details.			
Child's Medical Information:			
Surgery Name:	Child's Health Visitor:		
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			

Child's Immunisations

Please see below the UK's childhood immunisation schedule taken from the UK H.S.A website

Routine childhood immunisations			From September 2023	
Age due	Diseases protected against	Vaccine given and trade name		Usual site ¹
Eight weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib) and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Meningococcal group B (MenB)	MenB	Bexsero	Left thigh
	Rotavirus gastroenteritis	Rotavirus	Rotarix ²	By mouth
Twelve weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	Pneumococcal (13 serotypes)	PCV	Prevenar 13	Thigh
	Rotavirus	Rotavirus	Rotarix ²	By mouth
Sixteen weeks old	Diphtheria, tetanus, pertussis, polio, Hib and hepatitis B	DTaP/IPV/Hib/HepB	Infanrix hexa or Vaxelis	Thigh
	MenB	MenB	Bexsero	Left thigh
One year old (on or after the child's first birthday)	Hib and MenC	Hib/MenC	Menitorix	Upper arm/thigh
	Pneumococcal	PCV booster	Prevenar 13	Upper arm/thigh
	Measles, mumps and rubella (German measles)	MMR	MMRvaxPro ³ or Priorix	Upper arm/thigh
	MenB	MenB booster	Bexsero	Left thigh
Eligible paediatric age group ⁴	Influenza (each year from September)	Live attenuated influenza vaccine LAIV	Fluenz Tetra ^{3,5}	Both nostrils
Three years four months old or soon after	Diphtheria, tetanus, pertussis and polio	dTaP/IPV	Boostrix-IPV	Upper arm
	Measles, mumps and rubella	MMR (check first dose given)	MMRvaxPro ³ or Priorix	Upper arm

Has your child already received the recommended immunisations for their age?

Do you plan on getting all of the recommended immunisations?

Please let us know of any immunisations you do not intend on them receiving (if any)?

If applicable let us know parental if parental preference/medical reasons.

Other Professionals Involved

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 Psychologist		Physiotherapist	
Specialist Nurse		Occupational Therapist	

Parent/Carer Information

Parent/Guardian 1 Name:	Date of Birth:
National Insurance Number:	Email Address:
Address if different to child:	Mobile Number:
Occupation:	Parental Responsibility?
Workplace:	Allowed to Collect?
Work Number:	
Photo of Parent/Carer 1: (You can email these across with the form if easier)	

Parent/Guardian 2 Name:	Date of Birth:
National Insurance Number:	Email Address:
Address if different to child:	Mobile Number:
Occupation:	Parental Responsibility?
Workplace:	Allowed to Collect?
Work Number:	
Photo of Parent/Carer 2: (You can email these across with the form if easier)	

Parental Contact Preferences

Please write down the preferred contact

Email Address for Invoice:
Each month you'll be emailed your invoice to this email address.

Mobile Number for Text Messaging Service:
This will be used for emergency messages such as road closures/flooding

Email Addresses for Mailing List:
This will be added to keep you informed with any updates, newsletters, new menus etc.

Email Addresses for Tapestry:

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:	
Photo:	

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

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

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

Please include labelled photographs of the above emergency contacts with this form (These can be emailed if easier) These photos will be securely stored in your child's file.

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 unless funded)

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 as well as sharing information with other professionals. This includes additional settings, when a child moves settings or transitions to school.

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.....

Please select one of the following options.

- I give consent for photos of my child to be shared on Lake View Nursery Ltd's website, Facebook page, newsletters AT ANY TIME.
- I give consent for photos of my child to be shared on Lake View Nursery Ltd's website, Facebook page, newsletters AFTER SEEKING PERMISSION EACH TIME.
- I would prefer NOT to have photos of my child shared on Lake View Nursery Ltd's website, Facebook page, at any time.

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 **£100 deposit** has been paid will your place then be secured.

Please tick which sessions days you require.

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

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

Attendance Choice:

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					

Extra Notes: *Please use this area to make any notes including adding more sessions at a later date, or days you want to wait for availability.*

Privacy Notice

Lake View Nursery are the Data Controllers for the information that you share on this form.

This information is provided for the purpose of enabling Lake View Nursery to provide the best care possible for your child. This will also help staff to plan appropriate activities to best support your child's development. Other information provided on this form will assist with future paperwork/applications such as NEF funding multi-agency working.

Your data will only be used in accordance with GDPR guidelines as outlined in our policies and procedures which can be accessed in the foyer area at Lake View Nursery.

Should you have any questions or queries, or wish to exercise your rights under the Data Protection Legislation, please contact Lake View Nursery via email on lakeview.nursery@btinternet.com or by phone on 01432 270181.