



Clifton-upon-Teme		Early Years Centre		
Parent Contact Details				
Full name of Child		Address of Child		
Parent (1) Full Name		Parent (2) Full Name		
D.O.B		D.O.B		
Address		Address		
Postcode		Postcode		
Daytime tel		Daytime tel		
Evening tel		Evening tel		
Work tel		Work tel		
Mobile		Mobile		
Is parent (1) a legal guardian of this child? Yes No		Is parent (2) a legal guardian of this child? Yes No		
Signed (Parent/Guardian (1)) Date		Signed (Parent/Guardian (2)) Date		
In an Emergency please contact:		Relationship to child	Telephone Number	
Name				
People authorised to pick up my child:		Relationship to child	Telephone Number	
Name				
Anyone registered to collect your child will need to provide documentation/ proof. of identity. (passport or photo driving license & pre arranged password)				
Password agreed:		Signed		

 <h2 style="margin: 0;">Childs Entry Form</h2>					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">Child's Name</td> </tr> <tr> <td style="width: 50%; padding: 5px;">Date of Birth</td> <td style="width: 50%; padding: 5px;">Sex</td> </tr> </table>		Child's Name		Date of Birth	Sex
Child's Name					
Date of Birth	Sex				
<p><u>Who has parental responsibility?</u></p> <p>Name: Relationship to child: Address:</p> <p>Telephone Number:</p>	<p><u>Who has parental responsibility?</u></p> <p>Name Relationship to child: Address:</p> <p>Telephone Number:</p>				
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Parental Contact Form

I understand that my child/ren.....

attend childcare at:.....

and would/would not like to receive information and records about my children.

Name:
Address:

Telephone:

e-mail:



Childs Entry Form

Child's Name	
Date of Birth	Sex

Who has legal contact?

Name:
Relationship to child:
Address:

Telephone Number:

Who has legal contact?

Name
Relationship to child:
Address:

Telephone Number:

Who has legal contact?

Name
Relationship to child:
Address

Telephone Number

Who has legal contact?

Name
Relationship to child:
Address

Telephone Number

Are there any restrictions?


Name
Relationship to child:
Address

Telephone Number

Name
Relationship to child:
Address

Telephone Number

Details of restrictions and/or contact arrangements:

Childs Entry Form		Add Child's Photograph here.
		
Child's Name		
Date of Birth	Sex	
Religion	Ethnic origin	
Child's First Language	Disabled (Y/N)?	
Address		
Postcode	Home Telephone	
Medical Information		
Important Medical Conditions		
Specific Allergies		
Injections received		
date	date	
date	date	
date	date	
Child's Doctor		Child's Health Visitor
Name		
Address		
Tel Number		Tel Number
Special Dietary Requirements		
I give my consent to my child receiving any medical treatment which is urgently, necessary, except:		
Signed (parent/carer)		Date:
I understand that any carer who suspects that a child in his/her care may have been abused or neglected, has a duty to report this to the Social Services Department.		
Signed (parent/carer):		Date

General Information about your child	Date
<p>Please answer these questions in as much detail as possible. This will help us to get to know your child and help them to settle in quickly.</p>	
Child's Name:-	Date of Birth
What type of milk does your child drink?	
Does your child suffer from any dairy related allergies?	
<p>Please be aware that:- To protect the Children in our care we do not allow eggs in the solid form;- hard boiled, scrambled in sandwiches, scotch eggs or nuts of any description.</p>	
What juice does your child drink?	
What are your child's favourite foods?	
We like to try as many different foods here as possible are there any foods which your child has / could react to?	
Does your child normally sleep during the day? If so at what times?	
How does your child go to sleep?	Does your child have a comforter?
Are there games/ rhymes that your child enjoys?	
Are there any other details that you feel we should know about your child?	