***Child Details***

|  |  |
| --- | --- |
| First name(s) of child: | Surname: |
| Full Address:  Postcode: | |
| Gender: | Date of Birth: |
| Birth Certificate seen and copy made? Yes No | |
| Ethnic Origin: | Religion: |

***Family Details:***

|  |
| --- |
| Name of parent(s)/carer(s) with whom the child lives: |

***Contact Details:***

***Contact Details 1***

|  |  |
| --- | --- |
| Parent/Carer Full name: | Relationship to Child: |
| Daytime/Work Tel: | Mobile: |
| Home Tel: | Email: |
| Home address:  Postcode: | |
| Does this parent have parental responsibility for the child? Yes No | |

***Contact Details 2***

|  |  |
| --- | --- |
| Parent/Carer Full name: | Relationship to Child: |
| Daytime/Work Tel: | Mobile: |
| Home Tel: | Email: |
| Home address:  Postcode: | |
| Does this parent have parental responsibility for the child? Yes No | |

***Emergency contact details if parents are not available***

***Contact Details 1***

|  |  |
| --- | --- |
| Name: | Relationship to Child: |
| Daytime/Work Tel: | Mobile: |
| Home address:  Postcode: | |

***Contact Details 2***

|  |  |
| --- | --- |
| Name: | Relationship to Child: |
| Daytime/Work Tel: | Mobile: |
| Home address:  Postcode: | |

***Password for the collection of child by authorised person ……………….***

***About Your Child:***

|  |
| --- |
| Does your child have previous experience of attending a childcare setting? If so please specify: |

***Health and Development***

|  |
| --- |
| Were there any difficulties at birth? If so, please specify: |
| Does your child have any ongoing medical conditions? If so, please specify: |
| If yes, please specify which external agencies are involved e.g., Paediatrician, Consultant, Dietician, Speech and Language Therapist, etc: |
| Does your child require a health care plan? |
| Does your child have any special needs or disabilities? If so, please specify: |
| Does your child have any of the following in place?  SEND action plan  Education, Health and Care plan |
| Is you child up to date with all immunisations? |

***Two-year-old progress check***

|  |
| --- |
| If your child is between 24-36 months, has a two-year check already been completed for your child?  Date completed: |

***Dietary Requirements***

|  |
| --- |
| Is your child known to have any allergies or food intolerances? If so, please specify: |

***Details of Professionals Involved with your child***

***GP***

|  |  |
| --- | --- |
| Name: | Telephone: |
| Address:  Postcode: | |

***Health Visitor (if applicable)***

|  |  |
| --- | --- |
| Name: | Telephone: |

***Social Care Worker (if applicable)***

|  |  |
| --- | --- |
| Name: | Telephone: |
| What is the reason for the involvement of the social care department with your family? NB If the child has a child protection plan, make a note here, but do not include details. We will ensure these details are obtained from the social care worker named above and keep these securely in the child’s file. | |

***Any other professional who has regular contact with your child***

|  |  |
| --- | --- |
| Name: | Role: |
| Agency: | Telephone: |

***Permissions***

***For Inhalers/auto-injectors (e.g., EpiPens) only***

|  |
| --- |
| I give permission for an appropriately trained member of staff to administer the inhaler/EpiPen.  Signed: Date: Printed Name: |

***Nappies***

|  |
| --- |
| I give permission for nappy cream (supplied by me) to be applied when required in accordance with the manufacturer’s instructions.  Signed: Date: Printed Name: |

***Sun Cream***

|  |
| --- |
| I will ensure I have applied all day sun cream to my child before they attend pre-school (weather permitting) and give permission for more to be applied if needs be.  Signed: Date: Printed Name: |

***Short trips- General outings***

|  |
| --- |
| I give permission for my child to take part in short trips or general outings. I understand that individual risk assessments are carried out for each trip. For any major outings, I understand I will be informed and my specific consent obtained.  Signed: Date: Printed Name: |

***Photographs***

|  |
| --- |
| As part of the on-going recording of our curriculum and for children’s individual development records, staff regularly take photographs of the children during their play. Photos are stored on the setting’s computers/tablets only and are only stored during the period your child is with us.  I give permission for my child’s photograph to be taken as per the above conditions.  Signed: Date: Printed Name: |

***Photography Sharing***

|  |
| --- |
| I am happy for my child’s photographs to be shared on:  Lyminge Preschool website:  Signed: Date: Printed Name:  Lyminge Preschool social media and WhatsApp:  Signed: Date: Printed Name:  Media outlets (newspapers etc)  Signed: Date: Printed Name: |

***Animals***

|  |
| --- |
| We may occasionally have supervised visits of animals to the setting. Please state below any known allergies or aversions your child has:  Signed: Date: Printed Name: |

***Key Person- Information for parents***

|  |
| --- |
| Each child joining the setting will have a key person appointed to them. It will be the key person’s responsibility to ensure that your child receives the best possible attention whilst on our care and to ensure that their records are kept up to date. Your child’s key person may change as your child progresses through the setting. Your child’s key person is your first point of contact for anything you wish to discuss about your child. |

***Policies and Procedures***

|  |
| --- |
| I have been provided with access to all the settings policies and procedures via Baby’s Days, any queries about any of the policies have been answered and explained to me.  Signed: Date: Printed Name: |

***WhatsApp***

|  |
| --- |
| I give permission for information, photographs and videos to be sent to me via WhatsApp.  Signed: Date: Printed Name: |

***Session Request***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Preferred Start Date:  Please tick the sessions you would like your child to attend:  Breakfast club (8am-9am):   |  |  | | --- | --- | | Monday |  | | Tuesday |  | | Wednesday |  | | Thursday |  | | Friday |  |     Morning (9am-12pm):   |  |  | | --- | --- | | Monday |  | | Tuesday |  | | Wednesday |  | | Thursday |  | | Friday |  |   All day (9am-3pm):   |  |  | | --- | --- | | Monday |  | | Tuesday |  | | Wednesday |  | | Thursday |  | | Friday |  |   All day + Twilight (9am-5pm)   |  |  | | --- | --- | | Monday |  | | Tuesday |  | | Wednesday |  | | Thursday |  |     This application places your child on our waiting list. We will contact you as soon as a suitable place becomes available.  Once your child is offered a place and you accept it, we will require proof of identity in form of passport or birth certificate and to see the child’s red book.  **You will be required to pay a £30.00 non refundable admin charge on acceptance of your child’s place.**  If your child no longer requires their place, please inform us as soon as possible.  Please sign below to indicate that the information given on this form is accurate and correct and that you will notify us of any changes as they arise. By signing this document, you acknowledge that you have read, understood and agree to these terms and conditions.  Signed parent/carer 1:  Date:  Signed parent/carer 2:  Date: |

***Charity***

|  |
| --- |
| Lyminge Preschool is a registered charity and we are always looking for new people to join our board of Trustees and fundraising team. If this is something you would be interested in or would like to receive more information about this please tick this box. |