**Child’s details** Name known as .

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s first name(s) |  | Surname |  |
| Child’s home address |  |
| Gender |  | Date of birth |  | Birth certificate seen Yes/No *(delete)* |
| **Family details** |
| Name of parent(s)/carer(s)/sibling(s) with whom the child lives: |  |
|  |
| ***Contact details 1*** *(including emergency information):* |
| Parent/carer full name |  |
| Relationship to child |  |
| Daytime/work telephone  |  | Mobile |  |
| Home telephone  |  | Email |  |
| Home address |  |
| Work address |  |
| Does this parent have parental responsibility for the child? Yes/No *(delete)* |
| ***Contact details 2*** *(including emergency information):* |
| Parent/carer full name |  |
| Relationship to child |  |
| Daytime/work telephone  |  | Mobile |  |
| Home telephone  |  | Email |  |
| Home address |  |
| Work address |  |
| Does this parent have parental responsibility for the child? Yes/No *(delete)* |
| ***Contact details 3*** *(including emergency information):* |
| Parent/carer full name |  |
| Relationship to child |  |
| Daytime/work telephone  |  | Mobile |  |
| Home telephone  |  | Email |  |
| Home address |  |
| Work address |  |
| Does this parent have parental responsibility for the child? Yes/No *(delete)* |
| **Other person(s) with legal contact** *To be completed where those persons with parental responsibility are separated and an S8 Order is in place* |
| Name |  |
| Address |  |
| Contact telephone numbers |  |
| Relationship to child |  |
| What are the contact arrangements that the setting needs to know about? . |
|  |
| **Emergency contact details if parents are not available** *Emergency contacts must be local* |
| *Contact 1* - Name |  |
| Daytime/work telephone  |  |
| Home telephone |  | Mobile |  |
| Address |  |
| Relationship to child |  |
| *Contact 2* - Name |  |
| Daytime/work telephone  |  |
| Home telephone |  | Mobile |  |
| Address |  |
| Relationship to child |  |

**Persons other than parent(s) authorised to collect the child** *Must be over 16 years of age*

*Please ensure that you tell any additional adults that you have given us their contact details so that we can contact them if we are unable to speak to you if your child is unwell, has an accident or is uncollected at the end of the session.*

|  |  |
| --- | --- |
| ***Person 1*** – Name |  |
| Daytime/work telephone  |  |
| Home telephone |  | Mobile |  |
| Address |  |
| Relationship to child |  |
| ***Person 2* -** Name |
| Daytime/work telephone  |
| Home telephone |  | Mobile |  |
| Address |  |
| Relationship to child |  |
| Password for the collection of child by authorised person |  |

**About your child**

Is your child toilet trained Yes/No

If yes what is their preferred method for using the toilet:

**Medical Conditions**

 Does your child have any medical conditions? Please tick

 Hearing Speech Sight Asthma Allergies Epilepsy Other

**About your child**Has your child received the following immunisations? *(Please confirm and provide date of immunisations given)*

|  |  |  |
| --- | --- | --- |
| **Two months old** | Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib).Pneumococcal infection. | DTaP/IPV/Hib and Pneumococcal conjugate vaccine (PCV) |
| Yes/No *(delete)* | Date: |  |
| **Three months old** | Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib).Meningitis C (meningococcal group C). | DTaP/IPV/Hib and MenC |
| Yes/No *(delete)* | Date: |  |
| **Four months old** | Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenzae type b (Hib).Meningitis C (meningococcal group C).Pneumococcal infection. | DTaP/IPV/Hib and MenC and PCV |
| Yes/No *(delete)* | Date: |  |
| **12 months old** | Haemophilus influenza type b (Hib) and meningitis C. | Hib/MenC |
| Yes/No *(delete)* | Date: |  |
| **13 months old** | Measles, mumps and rubella (German measles). Pneumococcal infection. | MMR and PCV |
| Yes/No *(delete)* | Date: |  |
| **Three years and four months or soon after** | Diphtheria, tetanus, pertussis (whooping cough) and polio.Measles, mumps and rubella. | DTaP/IPV (or dTaP/IPV) and MMR |
| Yes/No *(delete)* | Date: |  |
| Has the child’s health record book been seen to confirm immunisation dates? Yes/No *(delete)***Two year old progress check – children aged 24 – 36 months** |
| If your child is aged between 24-36 months, has a two year old progress check already been completed for your child? Yes □ No □ |
| Setting completing check |  | Date completed |  |
| As per the requirements of the Early Years Foundation Stage we will complete a progress check on your child between the ages of 24-36 months. We will ask you to be involved in completing the check and will discuss it with you.  |
| If your child is aged three years or over, do you have any worries about any of the following; |
| Speaking and communicating | Yes | □ | No | □ |
| Listening and attention | Yes | □ | No | □ |
| Understanding simple instructions | Yes | □ | No | □ |
| Eating and drinking | Yes | □ | No | □ |
| Sitting and sharing a book | Yes | □ | No | □ |
| Walking and climbing | Yes | □ | No | □ |
| Rolling a ball | Yes | □ | No | □ |
| Holding a crayon | Yes | □ | No | □ |
| Socialising with adults and other children | Yes | □ | No | □ |
| Using the toilet | Yes | □ | No | □ |
| Putting on their shoes and socks | Yes | □ | No | □ |
| Do you have any other concerns?: |
|  |
| Is your child known to have any allergies or food intolerances? If so, please specify |
|  |
| What are your child’s dietary requirements? Please specify |
|  |
| *A care plan will be completed and kept on the child’s file for any known allergies or food intolerance as mentioned above.* |
|  |
| Does your child have any special needs or disabilities? If so, please provide details: |
|  |
| Are any of the following in place for the child?  |
| **SEN Action Plan** Yes/No *(delete)***Education, Health and Care Plan** Yes/No *(delete)* |
| What special support will he/she require in our setting?  |
|  |
| Does your child have any on-going 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? Yes □ No □ |

How would you describe your child's ethnicity or cultural background?

|  |
| --- |
|  |
| What is the main religion in your family?  |  |

Are there any festivals or special occasions celebrated in your culture that your child will be taking part in and that you would like to see acknowledged and celebrated while he/she is in our setting?

|  |
| --- |
|  |
| What language(s) is/ are spoken at home  |  |

If English is not the main language spoken at home, will this be your child's first experience of being in an English-speaking environment? Yes/No (delete)

What other information is important for us to know about your child? For example, what they like, or what fears they may have, any special words they use, or what comforter they may need and when.

|  |
| --- |
|  |

**Details of professionals involved with your child**

***GP***

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Telephone  |  |
| Address |  |
|  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Telephone  |  |
| Address |  |
|  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name  |  | Telephone  |  |
| Address |  |
|  |
| 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 obtain these from the social care worker named above and keep these securely in the child's file.* |
|  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Name 1** |  | Role |  |
| Agency |  | Telephone |  |
| Address |  |
| **Name 2** |  | Role |  |
| Agency |  | Telephone |  |
| Address |  |
| **Name 3** |  | Role |  |
| Agency |  | Telephone |  |
| Address |  |

|  |
| --- |
| There may be times when we are required to contact other professionals to share information about your child in the best interests of their wellbeing & development. This will always be discussed with you in advance of contact being made except in situations which could put your child at harm. I give my consent for this. |
| **Photographs-** We take a lot of photos of the children for recording their achievements and making class books. These are only used within the setting- we do not use photos for publicity without specific prior permission.I give my permission for my child to be photographed. Yes/No |
| If applicable an image, name & brief description of dietary allergies/requirements & or medical conditions/allergies are displayed by the snack bar, medicine cabinet & 1st aid box in the back room.I give my permission for my child’s to details to be used. Yes/No |
| **Emergency treatment declaration-** In the event of an accident or emergency involving my child I understand that every effort will be made to contact me immediately. Emergency services will be called as necessary and I understand my child may be taken to hospital accompanied by the setting manager (or authorised deputy) for emergency treatment and that health professionals are responsible for any decisions on medical treatment in my absence.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

 |
| **Off premises -** We like to take the children out on visits and walks in the village (these are always well supervised 1:5). For your child to enjoy these activities and take part in forest schools we need your permission.I give permission. Yes/No |
| **For Inhalers/Auto Injectors (e.g epi-pens) only**I give permission for a named member of staff who has been appropriately trained to administer the inhaler/epipen or apapen (supplied by me) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of child*)The named staff are-* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **General Data Protection Regulations 2018**: The Setting is registered under the GDPR (2018) for holding personal data. The Setting has a duty to protect this information and keep it up to date. The setting is required to share some of the Data with the Local Education Authority and the DFES.I confirm that I have received a copy of this Privacy Notice and have read and understood it.

|  |
| --- |
|  |

**Signature** |

**Parents/Carer Privacy & Permission Form**