|  |  |
| --- | --- |
| Child’s Name  Any previous surnames/  known as |  |
| Start Date |  |
| Child’s Date of Birth |  |
| Pattern of Attendance |  |
| Any other settings your child attends. |  |
| Parent/Guardian Name |  |
| Home Address |  |
| Home Telephone no. |  |
| Work Telephone no. |  |
| Mobile Telephone no. |  |
| Email. |  |
| Name and Address of GP  Telephone no. |  |
| Named Person/Health Visitor/Head Teacher  Telephone No. |  |
| Emergency Contacts  (Please supply two if possible) | Emergency Contact 1 |
| Name |  |
| Relationship to Child |  |
| Home Address |  |
| Home Telephone no. |  |
| Work Telephone no. |  |
| Mobile Telephone no. |  |



|  |  |
| --- | --- |
|  | Emergency Contact 2 |
| Name |  |
| Relationship to Child |  |
| Home Address |  |
| Home Telephone no. |  |
| Work Telephone no. |  |
| Mobile Telephone no. |  |

Details of Special Requirements - Please give details where appropriate.

Details of allergies (e.g., nuts, plasters etc)

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Details of any lifestyle choices (e.g. vegetarian)

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Details of any medical condition that your child may have

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Detail any other needs to be considered (e.g., additional support)

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Do you have any cultural beliefs?

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Are there any other Agencies involved?

…………………………………………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………

Please state the name(s) of the persons that you give permission to collect your child from Dreams (3 names are acceptable)

|  |  |
| --- | --- |
| Snowstorm contact’s name |  |
| Address |  |
| Home telephone no. |  |
| Mobile telephone no. |  |

Name...........................................................Relation to child………………………………………………………

Name...........................................................Relation to child………………………………………………………

Name...........................................................Relation to child………………………………………………………

N.B. If the parent/guardian wishes for someone other than themselves to collect their child from Dreams, then they must inform a member of staff as soon as possible.

In the case of the nursery having to close due to snow, please provide a snowstorm contact for your child who lives within the village (Insch.)

I agree to my child receiving appropriate medical attention in the event of an accident.

YES NO

I give permission for my child to go on short trips or walks within the village (e.g., play park)

YES NO

We work in partnership with the local providers/schools. If your child is part of a split placement, do you give permission for us to share information relating to your child.

YES NO

Transportation

Some of the children who attend Dreams Daycare require transportation to and from school/school nursery or other groups. Dreams Daycare currently hold insurance to ensure safe transportation of children to and from local groups within the village. Could all parents/guardians please sign below with the understanding and permission for the above.

Signed.............................................................. Date.......................................

Sun Cream

At Dreams Daycare we believe in using our outdoor play facilities as much as possible. To ensure safe play in the sun, we ask all parents/guardians to provide their child’s own bottle of sun cream, clearly labelled with their name, to stay in nursery. Please sign below to give Dream’s staff permission to apply sun cream to your child.

Signed.............................................................. Date.......................................

Observations and Photographs

During your child’s time at Dreams, staff will be continuing in their professional development and so may require doing child observations as part of their course work. Staff will also observe and use photos of your child when using the Famly learning journal app – these are used to help plan for each child’s learning and development. These observations will be uploaded to your child’s Famly app where you will be able to comment and view them. Occasionally we will take photographs of the children to use in displays and very rarely we will have a feature in local newspapers. If you give permission for this, please sign below.

Signed.............................................................. Date.......................................

Facebook/Famly App News Feed

We like to use Facebook and Famly as a further means of communication, as part of this we share photos of the children taking part in activities. Our Facebook page and Famly app is private and photos can only be seen by people we have accepted and are a relation to the children who attend. If you are happy for us to share photos of your child on Facebook and Famly, can you please sign below.

Signed.......................................................... Date.......................................

Infection Control Procedure

**In case of emergency**

|  |  |
| --- | --- |
| Name and date of birth of sibling (1.) |  |
| Details of groups or school that sibling (1.) attends  Telephone no. |  |
| Name and date of birth of sibling (2.) |  |
| Details of groups or school that sibling (2.) attends  Telephone no. |  |
| Name and date of birth of sibling (3.) |  |
| Details of groups or school that sibling (3.) attends  Telephone no. |  |
| Name and date of birth of sibling (4.) |  |
| Details of groups or school that sibling (4.) attends  Telephone no. |  |
| **Signature of parent/guardian** |  |
| **Date** |  |

6 Month Enrolment Update Form

|  |  |  |  |
| --- | --- | --- | --- |
| Date | New Information/ Changes | Parent Signature | Staff Signature |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |