



# Little Tinkers Preschool

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## Day Care Information

Start date:.....

Leaving date:.....

### Personal Information

Childs forename:.....Middle name:.....surname:.....

Preferred name:..... Male/Female Date Of birth:.....

Address where the child lives:.....

.....Postcode:.....

Parents names & address:.....

.....Email address:.....

Do both parents have parental responsibility; **yes/no**- if no please name parental responsibility parent:.....

**Parental responsibility person(s) telephone number(s):**.....

Please write name & address of legal guardians if different from above:.....

.....

Religion: .....Main Language spoken at home: .....

### Medical

Doctors name, address & telephone number:.....

Health visitors name:.....

Does your child have any additional/special needs?:.....

Is your child on prescribed medication?(this can only be administered with parental consent & with the original label stating your child's details & dosage required).....

Does your child have any allergies/dietary needs-please state:.....

.....

Any dietary requirements related to religion?.....

### Emergency Contact numbers

(NOT PARENTS CONTACTS)

1-Name:.....Relationship to child:.....

Telephone Number(s):.....

2- Name:.....Relationship to child:.....

Telephone number(s).....

### Permission advice

- I give you permission to take my son/daughter to hospital for treatment if contact can't be made: **yes/no**
- I give you permission to take photographs of my son/daughter for educational purposes only: **yes/no**
- I give the preschool permission to administer first aid: **yes/no**
- I give permission to the preschool to take my child out on short walks within local area: **yes/no**
- I give permission to the preschool to apply sun cream: **yes/no**
- I give permission for the preschool to share information about my child's development on their transfer to a new setting or school: **yes/no**

### Parental consent

I have read & understood the above information and agree to the settings policies and procedures

(available to read in the setting):

Signed parent/guardian:.....

Please clearly print your name:.....

Date: .....