

Little Tinkers Preschool



c/o Rose Cook-Manager, @Charles Warren academy, Old Groveway, Simpson Milton Keynes, Mk6 3AZ Telephone number :07952638603

Day Care Information

Childs forename:	d:	
Preferred name:	Male/Female	Date Of birth:
Address where the child lives:		
Parents names & address:		
Do both parents have parental responsibility; yes/no - if no p	lease name pare	ental responsibility parent:
Parental responsibility person(s) telephone number(s):		
Please write name & address of legal guardians if different f		
Religion:Main Lang	juage spoken at ho	
<u>Media</u>		
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 adr		
stating your child's details & dosage required)		
Does your child have any allergies/dietary needs-please sta		
Any dietary requirements related to religion?		
Emergency Con	tact number	<u>s</u>
(NOT PARENTS	CONTACTS)	
1-Name:Tele	hone number:	
Relationship to child:		
2- Name:		
Relationship to child:Telep		
<u>Permission</u>		
 I give you permission to take my son/daughter to hos 	•	•
 I give you permission to take photographs of my son/ 	•	cational purposes only: yes/no
I give the preschool permission to administer first aid		
I give permission to the preschool to take my child out		within local area: yes/no
I give permission to the preschool to apply sun cream	-	
I give permission for the preschool to share information	on about my child	d's development on their transfer to a
new setting or school: yes/no	anaant	
Parental c		
I have read & understood the above information an	-	ettings policies and procedures
(available to read	-	
Signed parent/guardian:		
Please clearly print your name:		
Date:		