

Little Tinkers Mobile Crèche



c/o Rose Cook-Manager, Little Tinkers preschool @Holne Chase Centre, Buckingham Road, Bletchley, Milton Keynes, Mk3 5HP Telephone number :07930189683

Day Care Information

| Childs forename: | surname of child | |
|--|---|---|
| Preferred name: | Male/Female | Date Of birth: |
| Address where the child lives: | | |
| Parents names & address: | | |
| Parents telephone number(s): | | |
| Religion: | Main Language spoken at home: | |
| <u>Medical</u> | | |
| Doctors name, address & telephone nur | | |
| Does your child have any additional/spe | ecial needs?: | |
| Is your child on prescribed medication?(| this can only be administered with par | rental consent & with the original label |
| stating your child's details & dosage req | uired) | |
| Does your child have any allergies | s/dietary needs-please | |
| state: | | |
| Any dietary requirements related to religion? Emergency Contact numbers | ? | |
| (NOT PARENTS CONTACTS) | - | |
| 1-Name: | Telehone numbe | er: |
| Relationship to child: | | |
| 2- Name: | | |
| Relationship to child: | Telephone numb | er |
| Permission advice | | |
| I give you permission to take my | son/daughter to hospital for treatment | t if contact can't be made: yes/no |
| I give the preschool permission t | o administer first aid: yes/no | |
| I give permission for the prescho | ool 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 info | ormation and agree to the settings poli | cies and procedures |
| (available to read in the setting): | | |
| Signed parent/guardian: | | |
| Please clearly print your name: | | |
| Date: | | |