**Please complete the below information as fully as possible. Should you require any help completing the form, please speak to a member of staff, who will be happy to assist you.**

|  |  |
| --- | --- |
| Child’s Full Name |  |
| Date of Birth |  |
| Parent/Carer’s Names |  |
| Home Address |  |
| Telephone Number |  |
| Mobile Number |  |
| Parent Email Address |  |
|  |  |
| **Emergency Contact Information**NameRelationship to ChildContact Number(This contact will be used in an emergency should you be unavailable) |  |
|  |  |
| Name and Address of Family Doctor |  |
| Telephone Number for Doctor’s Surgery |  |

**The following questions help us to get to know your child and allow us to identify any ways in which we can help them whilst attending Morecambe Day Nursery.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hearing Checks |

|  |
| --- |
|  |

[ ] Yes Checked by:  Date of Check:

|  |
| --- |
|  |

 | [ ] No |
| Vision Checks |

|  |
| --- |
|  |

[ ] Yes Checked by:  Date of Check:

|  |
| --- |
|  |

 | [ ] No |
| Health Visitor Checks |

|  |
| --- |
|  |

[ ] Yes Checked by:  Date of Check:

|  |
| --- |
|  |

 | [ ] No |
| Are social services involved? |

|  |
| --- |
|  |

[ ] YesSocial Worker: Involved since (date):

|  |
| --- |
|  |

 | [ ] No |
| Is the child development centre involved? |

|  |
| --- |
|  |

[ ] YesDoctor: Involved since (date):

|  |
| --- |
|  |

 | [ ] No |
|  |  |  |
| Further medical information (medical problems, allergies, illnesses, disabilities etc.)If yes, please provide further information. |

|  |
| --- |
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|  |

[ ] Yes | [ ] No |

**The following questions are to allow us a small insight into your family life, and help us get to know your child more easily.**

|  |  |
| --- | --- |
| My Child likes to be called |  |
|  |  |
| How many people are there in your family?AdultsChildren |  |
| What position is your child in the family? |  |
| Are there any pets in the family? |  |
|  |  |
| Religion/Culture |  |
| Home Language |  |
|  |  |
| What does your child enjoy doing the most? |  |
| Is there anything your child dislikes? |  |

**Permission Slips**

|  |  |  |
| --- | --- | --- |
| In the event of an emergency, if I cannot be contacted, I give permission for a member of Morecambe Day Nursery staff to sign for emergency treatment on my behalf.

|  |
| --- |
|  |

Parent/Carer Signature:

|  |
| --- |
|  |

 Date: |
|  |
| We occasionally take the children for walks in the local area, in order to enhance their learning and improve their road safety awareness.If you give permission for these walks to take place, please sign below.

|  |
| --- |
|  |

Parent/Carer Signature:

|  |
| --- |
|  |

 Date**:** |
|  |
| Some children suffer allergic reactions to plasters, because of this, without permission from the child's' parent or carer, in cases where a plaster might be used, we are unable to do so. If your child is not allergic to plasters, and you are happy for us to apply a plaster when necessary, please sign below.

|  |
| --- |
|  |

Parent/Carer Signature:

|  |
| --- |
|  |

 Date**:** |

**Permission Slips**

|  |  |  |
| --- | --- | --- |
| In order for us to use our outdoor area to its full potential we need to ensure that the children are protected from the elements. In the summer months it is necessary for the children to have sun cream applied.Please sign below if you agree to Morecambe Day Nursery staff applying sun cream to your child.

|  |
| --- |
|  |

Parent/Carer Signature:

|  |
| --- |
|  |

 Date**:** |
|  |
| **Photography Permissions**Please sign below to give Morecambe Day Nursery staff permission to take photographs of your child. The photographs will be used in your child’s learning journey. Photographs may also be used for display purposes within the Nursery setting and for advertising in the form of leaflets, posters and prospectuses.

|  |
| --- |
|  |

Parent/Carer Signature:

|  |
| --- |
|  |

 Date**:** |
|  |
| **Poulton Neighbourhood Centre**The Nursery benefits from working in close partnership with Poulton Neighbourhood Centre. Please sign below to give permission for nursery to share your information with the Neighbourhood centre, for registering and monitoring purposes. The Neighbourhood Centre ensures all data is protected and stored securely.

|  |
| --- |
|  |

Parent/Carer Signature:

|  |
| --- |
|  |

 Date**:** |

**Permission Slips**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Authorised People**For us to protect your child’s safety at the end of the session it is necessary for you to provide us with the names of the people you have authorised to collect your child from Nursery. We also require you to provide us with a password to further protect your child’s safety. All authorised people will be asked to state the password, prior to being allowed to leave the setting with the child.**Names of Authorised People and their Relationship to the Child:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
|  |

**Password:**

|  |
| --- |
|  |

Parent/Carer Signature:

|  |
| --- |
|  |

 Date**:** |
|  |
| **Policies**Morecambe Day Nursery has a number of policies regarding the Nursery. The policy file will be accessible during Nursery opening hours. Please sign below to indicate you are aware of the policy file. We would ask you to read the policies during your child’s settling in visits prior to your child beginning to attend the Nursery.

|  |
| --- |
|  |

Parent/Carer Signature:

|  |
| --- |
|  |

 Date**:** |

**Data Protection**

We take your privacy seriously, and in accordance with the General Data Protection Regulation you are required to give your consent (by ticking the following boxes) to confirm you agree to us storing and using your data.

**Please tick the boxes to confirm the following.**

* By ticking this box [ ]  I give consent for the details I give on this form to be used to contact me about my child.
* By ticking this box [ ]  I give consent to receive newsletters and other correspondence regarding the Nursery via email. Your details will never be given to any third party without your consent.
* By ticking this box [ ]  I confirm I have read the information regarding the Tapestry Online Learning Journal, and I consent to an account being created for my child.

**This form will be destroyed:**

* 3 Years after the child has left Nursery. For further details regarding retention periods please refer to the Pre-School Learning Alliance.