

**Child's Admission form /Personal Details Record**

Child's name \_\_\_\_\_  
*As shown on birth certificate*  
 Name that the child is known by: \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Home address for child: \_\_\_\_\_

Who has legal contact with the child? \_\_\_\_\_  
 Who has parental responsibility for the child? \_\_\_\_\_  
 Who does the child normally live with \_\_\_\_\_  
 Has/does your child been to a children's centre before Yes/No (please select one)  
 Name of Children's centre \_\_\_\_\_

**Please bring your child's red book for us to see before their first day at nursery**  
**Manager to sign & date to confirm red book has been seen**  
**Sign ..... Date.....**

Under the General Data Protection Regulation (GDPR) legislation, we need your express permission to continue to contact you.

We do not share your contact details with any third parties but simply send you information about changes relevant to our childcare provision, childcare services and information on your child(ren).  
 If you would like to continue to receive information from us ([info@immanuel.org.uk](mailto:info@immanuel.org.uk)).  
 Please circle YES or NO

**Parent/carer details**

**The first parent/carer will be the first to be contacted in an emergency**

<b>Parent/Carer 1</b>	<b>Parent/Carer 2</b>
Name:	Name:
Address:	Address:
Relationship:	Relationship;
Occupation:	Occupation:
Company address, hours:	Company address, hours:
Work telephone number/Home number:	Work telephone number/number:
Mobile number:	Mobile number:
Company address:	Company address:

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Work telephone number:	Work telephone number
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**Emergency contact details- different from parents**

<b>Emergency contact person 1</b> <i>(This person must be over 16 years old)</i>	<b>Emergency contact person 2</b> <i>(This person must be over 16 years old)</i>
Name:	Name:
Address:	Address:
	Relationship;
Telephone No1: Telephone No. 2	Telephone No1: Telephone No. 2
Relationship with the child:	Relationship with the child:

**Persons authorised to collect your child**

**You will need to provide photograph of these persons**

Name	Relationships

Please confirm that all the person(s) listed above is over 16 years old, **Yes/No** (Please cross out one)

If any of the above person(s) is below 18 years of age, the parent/carer will take full responsibility/liability for releasing their child to said persons.

**Password**

As part of high security within the nursery, we operate a "password system" for the collection of your child.

When an authorised person calls to collect the child and a staff member is not familiar with the person, they will be asked for the password, which will then be verified.

We would be grateful if you could supply us with a password which will be unique to your child ensuring that anyone authorised to collect the child is aware of our procedure and the password.

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Password \_\_\_\_\_

Parent signature \_\_\_\_\_

Date \_\_\_\_\_

**Ethnic/Religious Information**

Ethnic origin \_\_\_\_\_

Religion \_\_\_\_\_

Language \_\_\_\_\_

Details of any procedures prohibited for medical treatment religious or any other reason.

\_\_\_\_\_

Please tell us if your child has any food allergies and/or dietary needs

\_\_\_\_\_

Are there any cultural issues that are relevant to your child and your family; *i.e. religious, philosophical or special events, we will endeavour to accommodate these*

\_\_\_\_\_

Any other special requirements

\_\_\_\_\_

**Medical details**

GP name \_\_\_\_\_

GP address \_\_\_\_\_

Telephone number \_\_\_\_\_

Health visitor \_\_\_\_\_

Health visitor address \_\_\_\_\_

Telephone number \_\_\_\_\_

Please tell us if your child has a medical need

\_\_\_\_\_

Please tell us if your child has any allergies

\_\_\_\_\_

**Immunisations/Vaccinations - Birth – fifteen months**

Immunisations/Vaccinations:

Date:


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**Parties**

We like to celebrate children's birthdays with a party, which parents are invited to attend. Sometimes video cameras and photographs are being used by parents. We will always inform parents of these events.

I **do/do not** wish my child to be photographed or videoed during parties.

Parent/carer signature and date \_\_\_\_\_

**Legal issues**

Please give any legal issues [i.e. court injunctions] which nursery staff should be aware of involving parental responsibility for children in the nursery.[please note a copy of legally binding information will be required as proof]

**Social Services**

Please provide details if you or your child is assigned to a Social worker:

Name: \_\_\_\_\_ Telephone no: \_\_\_\_\_

Address: \_\_\_\_\_

**Child protection**

I am aware and understand that any carer, who suspects that a child in his or her care may have been abused or neglected, has a duty to report this to the area child protection team and inform Osted.

**Agreement**

I certify that the information contained within this document is true and correct, and will inform the nursery should any changes occur to any of the information detailed.

**Signatures:**

Parent/carer	Print Name	Date
Parent/carer	Print Name	Date
On behalf of the setting	Print Name	Date