

CHILD'S ENTRY RECORD

Child's Name:
Address:

Date of Birth:

Sex:

Home Tel. No:

Mobile No:

Your child's first language:

Religion:

Ethnic Origin:

Please give details of any special needs or disabilities:

Medical Information

Important medical conditions (e.g. allergies):

Immunisations received:

CHILD'S DOCTOR

Name:

Address:

Tel. No.:

CHILD'S HEALTH VISITOR

Name:

Address:

Tel. No.:

Toilet requirements:

Special dietary requirements:

CHILD'S ENTRY RECORD

Child's Name:

Name & Title of Mother/Carer(s) :

Name & title of Father/Carer(s)

Home Address :

Home Address :

Telephone Number :

Telephone Number :

Mobile No :

Mobile No :

Work Name & Address :

Work Name & Address:

Work Telephone Number:

Work Telephone Number:

In an emergency, please contact:

Name

Relationship to child

Telephone number

Name

Relationship to child

Telephone number

People authorised to pick up my child :

Name

Relationship to child

Telephone number

Name

Relationship to child

Telephone number

Place required for full day Mon Tue Wed Thur Fri

Place required for mornings Mon Tue Wed Thur Fri

Place required for afternoons Mon Tue Wed Thur Fri

Date I wish my child to start nursery:

Would you mind telling us how you heard about our nursery:

In the event of an emergency every possible effort will be made to contact you, or an emergency contact. We need your authorisation for your child to receive emergency medical treatment if the situation arises. It is important that you understand any decision will be made by a doctor.

Signed (parent/carer) :

Date :

1 agree to my child receiving medical treatment in the event of an emergency.

Signed (parent/carer) :

Date :

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General Information about your child. Please answer these questions in as much detail as possible. This will help us to get to know your child and help him or her to settle in quickly.

Child's Name :

Date :

Are any milk feeds to be given to your child during the day ? At what times ?

What type of milk does your child drink ?

What juice does your child drink ? At what times ?

What are your child's favourite foods ?

Does your child have any daytime sleeps ? At what times ?

How does your child go to sleep ? Does your child have a comforter ?

What are your child's favourite occupations ?

What are your child's favourite songs and games ?

Is there anything special that you feel we should know about your child ?

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Your Child's routine : Please give details of your child's typical daily routine, including mealtimes, sleeptimes, active times and quiet times.

Child's Name: _____

Date: _____

8.15am

8.30am

9.00am

9.30 am

10.00am

10.30am

11.00am

11.30am

12.00pm

12.30 pm

1.00pm

1.30pm

2.00pm

2.30pm

3.00pm

3.30pm

4.00pm

4.30 pm

5.00pm

5.30pm