

EYFS Statutory Guidance page 27/3.71 Providers must record the following information

Child's full name _____

Date of birth / / _____

Home address _____

Telephone number _____

Email address _____

Details of Parents/Guardians/Carers

Who has parental responsibility? _____

Who has legal contact with the child? _____

Which Parent/Carer does the child normally live with? _____

1. Parent/Guardian/Carer's Name

Address _____
(if different from above) _____

Place of work _____

Telephone number _____

Mobile number _____

2. Parent/Guardian/Carer's Name

Address _____
(if different from above) _____

Place of work _____

Telephone number _____

Mobile number _____

3. Emergency contact (other than parent/guardian/carer)

Name _____ Relationship _____

Emergency Contact telephone details _____

Any other contact details _____

Collecting a child from setting:

Name of person who usually collects the child _____

Other person(s) who may collect the child _____

Password _____

Child's Doctor

Name _____

Address _____

Telephone number _____

Immunization/Vaccination

Has your child been fully immunized against: Diphtheria Whooping Cough
Tetanus Polio Measles Mumps Rubella Hib Meningitis

Health Clinic _____

Health visitor _____

Social worker _____

Please note that you should notify Castle Day Nursery immediately of any change of details regarding Social worker e.g. if any is assigned to your child at later date.

Allergies / Special Diet / Health Problems / Childhood Illnesses / Asthma

Does your child have any special educational needs/disabilities?

Has your child ever seen any specialist / doctor concerning any health or special educational needs/disabilities?

Information about your child

Any previous setting attended

If yes, please give dates

Language spoken at home

Child's religion/culture

If English is an additional language, what key words can be used by staff e.g. toilet, hello, goodbye, yes or no

Names of family members/ significant people

Routine at home (sleep, food, likes, dislikes, fears, comfort items, special words)

Any particular play interest or particular toy he/she likes to play with?

Is there any particular interest your child likes to talk about?

Is your child used to being with / playing with other children?

How does he/she respond to new situations or people?

Do you think your child's communication and language is developing well?

Is there a particular toy/game which could help her/him to settle?

Any changes to your child/family life (i.e. Separation /moving home /New Baby which may impact on your child's behaviour)

Any of the above information would help us to settle your child in the best possible way.

Any additional information

Sessions:

Memorial Hall		St Edmunds	
Morning:	9:00am-12:00pm	Morning:	9:00am-12:00pm
Afternoon:	12:00pm- 3:00pm	Afternoon:	12:00pm- 3:00pm
Lunch:	12:00pm-1:00pm	Lunch:	12:00pm-1:00pm
Monday - Friday		Monday - Friday / closed Thursday	

Please tick sessions required:

Sessions	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Lunch					

Parent/ Guardian/ Carer (print your name):

Signature: _____

Date: _____

Parents check list:

- | | | |
|---|-----|----|
| Copy of passport/birth certificate enclosed | Yes | No |
| Registration fee enclosed | Yes | No |
| Signed page of Parents/Carers contract enclosed | Yes | No |
| Copy of utility bill for proof of address | Yes | No |

Parents/carers are responsible to inform Castle Day Nursery regarding any changes to your personal details i.e. address, phone numbers and emergency contacts.

What is your child's Ethnic origin?

<p>White</p>	<p>British</p> <p>Irish</p> <p>Traveller of Irish Heritage</p> <p>Gypsy/Roma</p> <p>Any other white background (please indicate below)</p>
<p>Mixed</p>	<p>White and Black Caribbean</p> <p>White and Black African</p> <p>White and Asian</p> <p>Any other mixed background (please indicate below)</p>
<p>Asian or Asian British</p>	<p>Indian</p> <p>Pakistani</p> <p>Bangladeshi</p> <p>Any other Asian background (please indicate below)</p>
<p>Black or Black British</p>	<p>Caribbean</p> <p>African</p> <p>Any other Black background (please indicate below)</p>
<p>Chinese</p>	<p>Chinese</p>
<p>Any Other Ethnic Background</p>	
<p>I do not wish an Ethnic Background to be recorded</p>	