| Child’s Details |
| --- |
| Name |  |
| Name at preschool |  |
| D.O.B, |  | M/F |  |
| Address & postcode |  |
|
| First language |  | Other language(s) |  |
| Any allergies? |  | Any health problems? |  |
| Any additional needs?¹  |  |
| Chosen password |  | (Please notify us of any changes. No child will be released to an unauthorized person). |

| Parent / Carer Details |
| --- |
| Parent Name(s) |  | Contact number |  |
| Parent Alternative numbers |  |
| Email Address |  |
| Who does the child normally live with? |  | Who has parental responsibility? |  |

| Emergency contact(s) *Please ensure they are local* |
| --- |
| Name(s) |  | Contact Number |  |

| Permissions |
| --- |
| ☐ | I/we give permission for Little Lambs to seek any necessary emergency medical advice or treatment in the future. We understand Little Lambs will always seek to inform us or our emergency contacts (if medically possible) prior to any action being taken |
| ☐ | I/we give permission for Little Lambs to administer calpol if running a high temperature (a phone call will be made before administering) |
| ☐ | I/we give permission for my child to use antibacterial gel and soap |
| ☐☐ | I/we understand that photographs are taken during session and we consent to our/my child’s photo being taken I/we understand that these photos will be used on the pre-school website and may be used to enhance displays in the setting. |
|

| Doctor Information |
| --- |
| Name |  |
| Contact number |  | Postcode |  |
| Has your child been immunised against: | Measles ☐ Mumps ☐  | Rubella ☐Meningitis C ☐ | Tetanus ☐Diphtheria ☐ | Whooping Cough ☐ |

| Background information |
| --- |
| Please provide any background information to help us support your child e.g. dietary requirements, any special fears, siblings, pets, any special words for (e.g.) the toilet, any recent family events which have affected the child. Please include if they attend any other setting.  *(This information will be kept confidential)* |
|  |
|
|

| Pre-school contract*Parents are asked to read and sign the statement below as an expression of shared commitment* |
| --- |
| Shared Record Keeping |
| ☐  | I/we will contribute to the record of our child’s development working with staff to identify and meet our child's educational, personal and social needs. |
| Fees |
| ☐ | I/we will pay fees in the amounts and at the time specified by the pre-school. I/we are aware that fees are still payable even through periods of children’s sickness or absence. |
| Punctuality |
| ☐  | I/we will try not to be late in collecting the child at the end of the session, we will notify staff if we encounter a delay.  |

| Signed |  | (parent/carer) |
| --- | --- | --- |
| Date |  |

| Please could you tick the ethnicity of your child |
| --- |
| ☐  | WBRI | White-British |
| ☐  | WIRI | White-Irish |
| ☐  | WIRT | Traveler of Irish Heritage |
| ☐  | WROM | Gypsy/Roma |
| ☐  | WOTH | White any other background |
| ☐  | MWBC | Mixed - White and Black Caribbean |
| ☐  | MWBA | Mixed - White and Black African |
| ☐  | MWAS | Mixed - White and Asian |
| ☐  | MOTH | Mixed- Any other mixed background |
| ☐  | AIND | Asian or Asian British - Indian |
| ☐  | APKN | Asian or Asian British - Pakistani |
| ☐  | ABAN | Asian or Asian British - Bangladeshi |
| ☐  | AOTH | Asian or Asian British - Any other Asian background |
| ☐  | BCRB | Black or Black British - Caribbean  |
| ☐  | BAFR | Black or Black British - African |
| ☐  | BOTH | Black or Black British - Any other Black background |
| ☐  | CHNE | Chinese |
| ☐  | OOTH | Any other Ethnic Group |
| ☐  | REFU | Refused |